



4070 Westcliff Dr.
Hood River, OR 97031
P: 541-386-2992
F: 541-386-3317

CREDIT CARD AUTHORIZATION FORM

All information is kept confidential and used only for the purposes as noted below.

Reservation / Company / Event Name: _____

Reservation Confirmation Number: _____ Valid Date(s): _____

Contact Person: _____ Contact Phone Number: _____

Contact Email Address: _____

First and Last Name of guests authorized to stay at Westcliff Lodge under this account:

Last 4 digits on Credit Card: _____ Expiration Date: _____ CVV: _____

Name on Card: _____

Cardholder Phone Number: _____

Credit Card Billing Address: _____

Check all that apply:

<input type="checkbox"/>	Room and Tax	<input type="checkbox"/>	Gift Certificate
<input type="checkbox"/>	All Incidentals	<input type="checkbox"/>	Event Site
<input type="checkbox"/>	All Charges	<input type="checkbox"/>	BBQ and Picnic Area
<input type="checkbox"/>	Guest Amenity	<input type="checkbox"/>	Other

I hereby authorize the charges to be applied to the credit card as listed above and allow the staff at Westcliff Lodge to update the authorized guest list per my verbal or written request.

Signature of Card Holder: _____ Date: _____

Fax documents to: 541-386-3317 or Email to: reservations@westcliffodge.com