



Date Received: _____

Reservation No: _____

Staff Initials: _____

Credit Card Authorization Form

Check-In Date: _____ Check-Out Date: _____

Number of Rooms: _____ Number of Guests: _____

Room Type: ___ Standard ___ Deluxe ___ ADA *(please specify how many rooms of each type)*

Name of Guest(s): _____

Company Name: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Special Requests: _____

Card Type: VISA MASTERCARD

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ CVV: _____

Billing Address: _____

Credit Card may be used for:

- | | | |
|---|--|--|
| <input type="radio"/> Room & Tax Charges Only | <input type="radio"/> Meal Charges | <input type="radio"/> Incidental Charges |
| <input type="radio"/> Room Hold Only | <input type="radio"/> Tour Charges | |
| <input type="radio"/> All Charges | <input type="radio"/> Late Check-Out Charges | |
- (Based on availability. Fees are 3pm-\$75, 5pm-\$100)*

_____ This Credit Card is authorized for a ONE TIME CHARGE ONLY

_____ This Credit Card is authorized for ALL FUTURE STAYS up to the expiration date of credit card

By signing this form, I hereby authorize Tundra Tours Inc. Top of the World Hotel to collect payment for all charges marked above by processing the credit card listed. I further certify that I am the authorized signer on the listed credit card and understand that cancellations made less than 72 hours before the reservation may result in the card on file being charged.

Card Holders Signature

Date