



119 SOUTH US HWY 17
EASTPALATKA, FL 32131.
PH: 386-325-7800.
FAX: 386-328-4008.

CREDIT CARD AUTHORIZATION FORM

Please fax us your credit card authorization to guarantee your hotel reservation.

I, _____ authorize BESTWESTERN INN OF PALATKA to debit my credit card account total amount. US \$ _____. To be the payment for hotel room charges.

Room Type Requested.

SMOKING: _____, **NON-SMOKING.** _____.
1 KING BED (SINGLE). _____, **2 QUEEN BED (DOUBLE).** _____.

Rooms request will be honored only if available.

My hotel Reservation is as Follows.

Hotel Name: BESTWESTERN, City :EASTPALATKA,FL 32131.

Number of Hotel room: _____.

Hotel Guest Name: _____.

Check In Date : _____.

Check Out Date: _____.

We Accept Visa ____, **Master** ____, **Amex** ____, **Dis** ____.

I agree BESTWESTERN INN OF PALATKA, FL to charge my credit card for hotel room charges for room reserved, If I do not check-in the hotel, they may charge my credit card for no show room charges and taxes.

Credit Card Number: _____.

Expiry Date: _____, (MM/YY).

Card Holders Name: _____.

(Must be same as it appears on the card.).

Tel _____ **Fax** _____.

Card Holder's Signature. _____.

Date : _____.

Please also fax us your copy of driver License and front and back of your credit card.