

**EDGEWATER**  
HOTEL & WATERPARK



Edgewater Hotel & Waterpark  
Credit Card Authorization Form

Name of Card Holder: \_\_\_\_\_

Name of Guest: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Last **Four Digits** of Credit Card Number: \_\_- \_\_- \_\_- \_\_

Expiration Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document, you authorize us to charge the card listed above. **Please note** you will be authorized for the room amount with the funds being held generally 5-7 business days (depending on your bank) before being released. If guest staying does not pay any portion of their bill, this card will be charged.

**PLEASE DO NOT SEND FULL CREDIT CARD NUMBER. YOU MUST GIVE FULL NUMBER TO THE HOTEL AGENT OVER THE PHONE. ONLY WRITE THE LAST 4 DIGITS OF THE CREDIT CARD NUMBER ON THIS FORM. A COPY OF MATCHING ID IS REQUIRED WITH THIS FORM. DO NOT SEND A COPY OF THE CREDIT CARD**