



725 W 1200 S, Ste A
Perry, UT 84302
Phone: 435-723-2020
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Credit Card Authorization Form

I AUTHORIZE THE AMOUNT OF \$_____ TO BE CHARGED TO THE FOLLOWING CREDIT CARD:

CREDIT CARD NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

___ VISA ___ MASTER CARD ___ AMERICAN EXPRESS ___ DISCOVER

EXPIRATION DATE: MONTH ___ YEAR ___

Name of Hotel

NAME AS IT APPEARS ON CARD

CARDHOLDER'S BILLING ADDRESS AS LISTED WITH CREDIT CARD COMPANY

CITY

STATE

ZIP

CARDHOLDER'S SIGNATURE

DATE

TELEPHONE NUMBER