



CREDIT CARD AUTHORIZATION FORM

Hotel Name: ALHAMBRA INN

Individual/Business/Group/Event Name: _____

Reservation Confirmation Number(s): _____

Arrival or Event Date(s): _____

Reservation Contact Address: _____

City / State / Zip / Country: _____

Contact Phone Number: _____

Contact Email Address: _____

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Only Specific Incidentals |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Gift Certificate |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Guest Amenity |
| <input type="checkbox"/> Parking | <input type="checkbox"/> All Stay Charges |
| <input type="checkbox"/> Other - see comments | |

Comments: _____

I hereby authorize the following amount be applied to the credit card

\$ _____

The credit card listed below may be billed for the estimated charges (7) days prior to the reservation date.

Name on Card: _____

Credit Card Number: _____ Expired Date: _____

Credit Card Billing Address: _____

() By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am providing.

Signature of Card Holder: _____ **Date:** _____

Please fax this completed form to: (626) 576 5937

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