



CREDIT CARD AUTHORIZATION FORM

In order to better serve you and avoid any unauthorized charges to your credit card, please answer the following questions and **email this reservations.brookdalelodge@gmail.com along with a copy of the back and front of the credit card provided and a copy of the card holder's valid driver's license**, to the Brookdale Lodge.

Type of Credit Card: ___ American Express ___ Diners Card ___ Discover ___ Master ___ Visa

Credit Card #: _____ Expiration Date: _____ Security

Code: _____

Credit Card Holder's Billing Address: _____

Phone: _____ E-mail : _____

Authorized Signature: _____ Date: _____

Please specify ALL PERSONS authorized to use the above stated Credit Card:

Name: _____

No. of nights: _____ Arrival Date: _____ Departure Date: _____ RoomRate: _____

Name: _____

No. of nights: _____ Arrival Date: _____ Departure Date: _____ RoomRate: _____

Name: _____

No. of nights: _____ Arrival Date: _____ Departure Date: _____ RoomRate: _____

Please specify ALL CHARGES the guest is authorized to make on the Credit Card:

- _____ Room and Tax only
- _____ Room, Tax and \$100 Deposit
- _____ All Charges
- _____ Other (explain) _____

Cancellation Policy: Reservations for the card holder or authorized guests of the card holder listed above must cancel 24 hours prior to the date of arrival or the above stated credit card will be charged for the first night plus 11.20% in taxes and \$2.75 in Tourism Fee for each guaranteed room.

To be completed by the Credit Card Holder:

By signing this form below, I agree to be responsible for any charges billed to my credit card account by the

Brookdale Lodge 11570 Hwy 9, Brookdale, CA 95007

Phone: 831-609-6010 Email: Reservations.BrookdaleLodge@gmail.com

Website: www.BrookdaleLodge.com



names stipulated above, based on the terms and conditions shown on this form I understand that reserved rooms not canceled in accordance with the agreed cancellation policy will be charged to the provided credit card.