



## Credit Card Charge Authorization

For: American Express, Visa, MasterCard, or Discover Card

### IMPORTANT

Please complete and obtain cardholder's signature on this form and return with a copy of the cardholder's driver's license and the front and back of the credit card in order to verify signature.

### Reservation Details:

Representative/Guest Name: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Check In Date: \_\_\_\_\_

No. of Days: \_\_\_\_\_ x Daily Rate: \_\_\_\_\_ x # of Rooms: \_\_\_\_\_

= Total Room Rate: \_\_\_\_\_

+ Room Tax (11%): \_\_\_\_\_

= Total Cost: \_\_\_\_\_

**Cancellation Policy:** Please cancel \_\_\_\_\_ days prior to arrival date by 4 PM to avoid a penalty of 1 night's room charge.

I, \_\_\_\_\_, hereby agree to the above Cancellation Policy and authorize Yosemite Southgate Hotel to charge my credit card detailed below for the indicated Reservation Details. The issuer of the card identified on this form is authorized to pay the amount shown as total. I agree to pay such total reservation costs subject to and in accordance with the agreement governing the use of such card.

### Credit Card Details:

Amount Authorized: \_\_\_\_\_

Cardholder's Name (Last, First, Middle): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Card Type:  VISA  MASTERCARD  DISCOVER  AMEX

Card Number: \_\_\_\_\_

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

Card Verification Code (CVC): \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder Signature: x \_\_\_\_\_

**PLEASE RETURN BY FAX TO: (559) 683-3386**