



2140 N RIDGE RD
PAINESVILLE OH 44077
440-357-7502 - Phone
440-853-8403 - Fax



CREDIT CARD AUTHORIZATION FORM

TODAY'S DATE:

CREDIT CARD TYPE:

CREDIT CARD NUMBER:

EXPIRATION DATE:

CVV NUMBER (3 DIGIT NUMBER FROM BACK OF YOUR CARD):

*NAME ON CREDIT CARD:

ADDRESS OF CARD HOLDER:

***THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.**

In lieu of my credit card imprint, I, _____ hereby authorize The Villa Rosa Motel or their representative to charge my above Credit Card for the amount of \$ _____ or **any amount** for **one-time** or **future transaction**. By signing below, I acknowledge the charges described above. I understand the above amount is subject to cancellation policies and rules and regulation of The Villa Rosa Motel which have been understood by me and undertake not to take a charge back.

Card Holder's Signature

Card Holder's Driver's License Number

YOU MUST INCLUDE A COPY OF THE ABOVE MENTIONED CREDIT CARD – BOTH FRONT AND BACK

PLEASE FILL OUT & FAX OR E-MAIL THIS FORM ALONG WITH A PHYSICAL COPY OF THE ACTUAL CREDIT CARD
PLEASE INCLUDE COPY OF VALID PHOTO ID (DRIVER'S LICENSE, STATE ID, OR PASSPORT)

****PLEASE MAKE SURE TO FILL IN THE BLANK PARTS COMPLETELY AND CIRCLE THE APPROPRIATE PART.**

IF E-MAILING THE FORM PLEASE SIGN ELECTRONICALLY OR TYPED NAME WILL BE CONSIDERED A LEGAL SIGNATURE.