

Del Rancho Motel
7622 SE 82ND Ave ,
Portland-OR-97266

[Tel:\(503\)-777-3806](tel:(503)777-3806) - Fax:(503)-517-8597

Email : reservation@82motel.com

Credit Card Authorization Form

Group/Company Name: _____

I, _____ , hereby authorize the Del Rancho Motel to charge my credit card for the following.

_____ Room and Tax Charges Only

_____ All Charges

_____ Other, please specify _____

Guest Name(s): _____

Arrival Date: _____ Departure Date: _____

Of Nights: _____ # of Rooms: _____ Per Night \$ _____ + Tax.

Total Amount: \$ _____ .

Credit Card # _____ Exp. Date: _____

CVC Code # _____ Credit Card Billing Zip Code # _____ Phone: _____

For your protection, we ask that you fax a clear and legible copy of the front and back of your credit card along with your ID. This copy will be used only to verify that the actual cardholder is the only one signing for charges on this account.

By signing this form below, I agree to be responsible for any charges billed to my account based on the terms and conditions shown on this form and for the types of charges I have agreed may be charged to my account for the list of guests I have provided above.

I understand that if any room reserved is not used and was not cancelled in accordance with the above cancellation policies, then the credit card account listed above will be billed for one night's room and tax. Cancellation Apply 24 HR Advance.

Cardholder signature: _____