**Credit Card Authorization Form**



Fax: 503.643.5899

Email: Sales@peppertreeinn.com Website: [www.peppertreeinn.com](http://www.peppertreeinn.com)

PLEASE PHOTOCOPY THE FRONT AND BACK OF YOUR CREDIT CARD AND YOUR STATE ID AND EMAIL OR FAX IT TO US.

|  |  |
| --- | --- |
| **Guests Name:** |  |
| **Check-in Date:** |  |
| **Check-Out Date:** |  |
| **Cardholders Name:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Work Number:** |  |
| **Fax Number:** |  |
| **Card Number:** |  |
| **Expiration Date:** |  |

The above-mentioned cardholder authorizes the Peppertree Inn Motel to bill the card for the following charges.

Please check 1 box to be included in the credit card bill.

|  |  |
| --- | --- |
|  | ROOM, TAX, AND INCIDENTALS  |
|  | ROOM AND TAX ONLY |

Cardholders Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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