

Credit Card Authorization Form



10720 SW Allen Blvd
Beaverton, Oregon

503-641-7477

Email : sales@peppertreeinn.com

Website: www.peppertreeinn.com

PLEASE PHOTOCOPY THE FRONT AND BACK OF YOUR CREDIT CARD AND YOUR PICTURE ID TO FAX BACK TO US: 503-643-5899 (fax)

GUEST'S NAME:	<input type="text"/>
CONFIRMATION NUMBER:	<input type="text"/>
CHECK-IN DATE:	<input type="text"/>
CHECK-OUT DATE:	<input type="text"/>
CARDHOLDER'S NAME:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>
CITY:	<input type="text"/>
STATE:	<input type="text"/>
ZIP CODE:	<input type="text"/>
TELEPHONE NUMBER:	<input type="text"/>
WORK NUMBER:	<input type="text"/>
FAX NUMBER:	<input type="text"/>
CREDIT CARD NUMBER:	<input type="text"/>
CREDIT CARD EXPIRATION DATE:	<input type="text"/>

The above mentioned cardholder authorized the Hotel Harrington to bill the card for the following charges.

Please check any/all charges to be included on credit card bill.

Select One Option

ROOM, TAX, AND INCIDENTALS

Your card will be charged for 1 night deposit today and balance at check out.

ROOM AND TAX ONLY

Your card will be charged for 1 night deposit today and balance at check out.

CARDHOLDER'S SIGNATURE:

DATE: