**Credit Card Authorization Form**



Fax: 503.643.5899

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_