

Credit Card Authorization Form

Reservation Information:

Name of Arriving Guest: _____

Arrival Date: _____ Departure Date: _____

Confirmation #: _____

Credit Card Information:

Last 4 Digits of Credit Card: xxxx-xxxx-xxxx-_____ Expiration: _____ CVC: _____

**ONLY WRITE THE LAST 4 DIGITS ON THIS FORM.
PLEASE DO NOT INCLUDE THE FULL CREDIT CARD NUMBER.
YOU MUST GIVE THE FULL CREDIT CARD NUMBER OVER THE PHONE.
DO NOT SEND A COPY OF THE CREDIT CARD WITH THIS FORM.**

Name as appears on Credit Card: _____

Phone Number: _____ Email: _____

Authorized Charges:

(If no charges are indicated, all charges will be billed)

- All Charges
- Room & Tax
- Waterpark Passes
- Grill/Coffee/Gift Shop Charges
- Incidentals (Damages)

I authorize the Edgewater Hotel & Waterpark to charge the card listed above. I understand my card will be authorized for the amount with the funds being held generally 5-7 business days before being released. If the guest staying overnight does not pay any portion of their bill, this card will be charged.

Card Holder Signature: _____ Date: _____

A copy of the card holder's photo ID must be included with this form.

Email this form to info@duluthwaterpark.com