

Credit Card Authorization

To:

Company:

Fax#

(This letter is to authorize the use of the credit card listed below for (Guest name and confirmation #)

Guest Name:

Confirmation:

For the following:

_____Room & Tax _____Laundry
_____Phone Calls _____All Charges
_____Faxes

Arrival Date:

Departure Date:

Credit Card # and Exp. Date:

Signature of Card Holder:

Phone Number: **Home**

Cell

****PLEASE INCLUDE A COPY OF FRONT & BACK OF THE CREDIT CARD****

5770 EAST PICKARD MOUNT PLEASANT, MI 48858
PH: 989-772-1101 FAX: 989-772-8986