

Credit Card Authorization Form

KEEFER'S INN

615 Canal Street, King City, CA 93930 Ph :831-385-4843 Fax : 831-385-1254

Email : info@keefersinn.com

Please Attach a photo copy of the front and back sides, Credit Card and card holder I.D Please let us know if guest will pay on their own for additional charges.

Arrival Date: _____ Number of Adults: _____

Departure Date: _____ Number of Children: _____

Number of Rooms: _____ Room Type: _____

GUEST INFORMATION

First Name: _____ Last Name: _____

Telephone Number: (____) _____

Address: _____

(City, State Zip Code) _____

COMPANY INFORMATION

Company Name: _____

Address: _____

(City, State Zip Code) _____

Card Holder's Name: _____

Credit Card Number: _____

Exp. Date: _____ CV Code: _____ Identification # _____

Phone # (____) _____ Fax : (____) _____

E-mail address :

Credit Card Holder's Signature: _____

By signing this form I agree to pay for the room charges for the guest mentioned above. And liable to get the room vacate on time.