

CREDIT CARD AUTHORIZATION FORM
SEFA Academy, February 8, 2012 - February 11, 2012
Fax Form to 480-595-3719

Today's Date: _____ Attn: Cory Pettijohn

Card Holder's Name:

Guest Name:

Arrival Date(s): _____ Departure Date(s): _____

This credit card will be used for ALL Charges due to Resort unless otherwise indicated below.

Please **initial** all acceptable charges

Initials	Charges
	Deposit \$
X	Room, Tax and Resort Fees
	Food & Beverage Charges
	Spa Charges
	Incidental Charges
	All Charges
	Other -
	Other -
	Other -

Credit Card * (Please Check One):

American Express
 Visa
 MasterCard
 Discover
 Diners Club

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Credit Card # _____ Expiration Date _____



***NOTE: A legible copy of the front and back of the above-mentioned valid, signed credit card must accompany this form to be accepted.**

By signing this Authorization, I give Carefree Resort & Villas approval to charge my credit card for the above-initialed purpose(s). I understand this form constitutes a legally binding contract and by affixing my signature to this form, I will be held responsible for all agreed upon initialed charges, any and all collection, and legal fees. This form is only valid after sufficient authorization has been obtained by the cardholder's institution.

Signed _____
(Must be signed by person whose name appears on the credit card)

