SAGO PALM HOTEL

Telephone: 876.974-9193-6
contact@sagopalmhotel.com | stay@sagopalmhotel.com

AUTHORIZATION FOR CREDIT CARD CHARGES
Thank you for choosing The Sago Palm Hotel. Please complete and return within the next 2 days.
I authorize Sago Palm Hotel to charge my credit card for charges incurred or to be incurred as outlined below:

Guest/Group Name:

_____

Please state name of additional guest(s) covered:

_____

Please note there is 14 days prior to arrival date cancellation policy.

Arrival Date: **Reservation number:**

TYPE OF CHARGES AND AMOUNT:
Your total bill is US$_____ including 15% tax and 10% service charge. One (1) night's deposit of $_____ will be charged now, leaving a balance of $_____ which will be charges 30 days prior to arrival.

All other charges: **Incidentals, including food & beverage** will be charged and payable at the end of stay.

I will be responsible for any incidentals incurred during the above person'(s)' stay. Please initial: _____

I will still be responsible for addition of guest(s), extension, upgrade or amendment of stay: YES NO

Name (As appears on card): _____

Please circle Credit Card type: **MASTER** **VISA** **DISCOVER** **AMEX**

Credit Card #: _____ Expiration Date: _____

Security Code (***As appears on the back of card beside signature***): _____

Business Name (if applicable): _____

Credit Card Billing Address: _____

Daytime Phone: _____

I hereby give permission to Sago Palm Hotel to charge my Credit Card the amount stated above for the reservation number listed above.

Cardholder's Signature: ___ _____

- If cardholder is not one of the travelers, a copy of the FRONT and BACK of your credit card along with a copy of a valid ID must accompany this form.
- Any problems in obtaining an authorization will void the above and alternate method of payment will be required.

FOR OFFICE USE ONLY:

_____	_____	_____	_____
APPROVED AMT.	AUTHORIZATION CODE	DATE	AGENT RECEIVING PAYMENT