

Credit Card Authorization

I, _____, authorize the Casulo Hotel to charge my credit card for:

_____ Room & tax

_____ Incidentals, including cafe charges or damages to the room or property

CREDIT CARD INFORMATION

_____ Visa

_____ Master Card

_____ American Express

_____ Discover

Credit Card # _____

Expiration ___ / ___ Month/Year

Security Code _____

Name that appears on the card: _____

Business Name: _____

Phone (_____) _____ Fax (_____) _____

Email: _____

Signature: _____ Date: ____/____/____

GUEST THAT WILL BE STAYING AT OUR HOTEL

Name _____ Hotel Confirmation # _____

Please make a copy of your credit card front and back, as well as your ID.

Please fax both the authorization form and copies of your credit card and ID to: 512.441.4477

FORM MUST BE SUBMITTED 24 HOURS PRIOR TO ARRIVAL TO BE VERIFIED.