



CREDIT CARD AUTHORIZATION

Please fill out the information below authorizing Crystal Mountain Resort & Spa to apply the indicated charges pertaining to your reservation to the following Credit Card.

Guest Name _____

Reservation Number _____ Stay Date(s) _____

Group Name (if applicable) _____

Please check which charges may be applied to the Credit Card.

_____ Room/Package charges including tax and service fees

_____ Incidentals

Comments/ Special Instructions (Include maximum charges if applicable) _____

Type of Credit Card: (circle one)

By signing below you authorize Crystal Mountain Resort & Spa to charge you credit card for the reservation and/or charges listed above. When using a Debit Card, please be advised that this authorization may affect your checking account until final settlement of transaction.

American Express Debit Card Diners Club Discover Visa / MasterCard

Card Number (last 4 digits only) xxxx-xxxx-xxxx-_____ Exp. Date ____/____

Name Appearing on Card _____

Card Holder Signature _____ Date _____

Please mail, fax, or email documents to the contact information provided below. Please note all of the documents listed in the instructions are required to qualify; completion of a portion of the documents does not qualify for tax exemption.