



AUTHORIZATION TO CHARGE CREDIT CARD

A copy of the cardholder's photo ID and a copy of the front and back of the credit card to be charged must accompany this form. Credit cards will not be charged if the required photocopies are not included.

This information is confidential.

Room Reservations
Phone: 877-287-2624
Fax: 619-938-1270

To: _____
Phone: _____
Fax: _____

| OFFICE USE ONLY | |
|----------------------|-------|
| Confirmation #: | _____ |
| Guest name: | _____ |
| Arrival Date: | _____ |
| Departure Date: | _____ |
| Billing Information: | _____ |

I, _____, authorize the Barona Valley Ranch Resort to charge my credit card, number _____, expiration date ____/____, for confirmation number _____, under the name of _____.

Total amount to be charged to the credit card: _____.

PLEASE CHECK ALL THAT APPLY

- Room and tax only _____
- Meals in the amount of \$ _____
- Other – please specify _____

CARDHOLDER'S SIGNATURE:

_____ Date _____