

AMHERST INN

CREDIT CARD AUTHORIZATION FORM

Complete form and email to reservations@theamherstinn.com

Today's Date _____

Guest Information (please print)

Name of Guest(s): _____

Reservation Confirmation #: _____

Arrival Date: _____ Departure Date: _____

Cardholder Information (as it appears on the card)

Name of Cardholder: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card #: _____ Exp Date: _____ Cvv Code: _____

I hereby authorize Amherst Inn to apply all charges to the above credit card.

Authorized Signature: _____

*****A readable photocopy of the front AND back of the credit card MUST be included with the information above. Without a photocopy the guest cannot check-in.**

