**Virginia Inn Lawrence**

**2903 W 6th St. Lawrence KS. 66049.**

**Ph #(785)843-6611 Fax # (785)843-2397. Email: virginiainnguests@gmail.com**

**Credit Card Authorization Form**

Guest Name:

Arrival date: Departure date :

Number of Guests:

|  |
| --- |
| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX□ Other  |
| Cardholder Name (as shown on card):  |
| Card Number:  |
| Expiration Date (mm/yy):  |
| Cardholder ZIP Code (from credit card billing address):  |

I, , authorize virginia inn-Lawrence to charge my credit card above reservation. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date