



CREDIT CARD AUTHORIZATION

GUEST NAME: _____ ARRIVAL DATE: _____
ADDRESS: _____ NUMBER OF DAYS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
MOBILE PH: _____ DRIVER'S LICENSE #: _____ STATE _____
COMPANY NAME: _____ CONTACT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ Cell Hm Ofc OTHER NUMBER: _____

I HEREBY AUTHORIZE BELLAMONT LLC TO CHARGE MY CREDIT CARD AS FOLLOWS:

SIGNATURE: _____ NAME ON THE CARD: _____

CREDIT CARD TYPE: _____ CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3 OR 4 DIGIT CVV2 NUMBER: _____

This number is found on back of the card about the signature block. For American Express, it is located above the last 4 digits in front.

AMOUNT: _____

Incidental and Other Charges may apply.

DO YOU WANT THIS TO BE:

_____ ONE TIME CHARGE OR

_____ RECURRING CHARGE?

CANCELLATION POLICY: If you need to cancel your reservation, you must do so by 5:00 PM local time 72 hours before your arrival date or your credit card will be charged for one night's stay.

PLEASE FILL OUT AND EMAIL to: info@bellamont.com Questions?: call (512) 632.1984