

# AMHERST INN

## CREDIT CARD AUTHORIZATION FORM

Complete form and email to [reservations@amherstinnva.com](mailto:reservations@amherstinnva.com) or fax to (434) 946-7035

Today's Date \_\_\_\_\_

### **Guest Information** (please print)

Name of Guest(s): \_\_\_\_\_

Reservation Confirmation #: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

### **Cardholder Information** (as it appears on card)

Name of Cardholder: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:     Visa     MasterCard     American Express     Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security 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.**

**PLACE FRONT OF  
CARD HERE**

**PLACE BACK OF  
CARD HERE**