

AMHERST INN

CREDIT CARD AUTHORIZATION FORM

Complete form and email to 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**