

Casa Rosa Inn

761 State Highway 100, Port Isabel, TX 78578

Phone: (956) 943-2052 | Fax: (956) 943-3465

Email: info@casarosainn.com | Web: www.casarosainn.com

Debit/Credit Card Authorization Form

Individual/Company Name:

Billing Contact: Phone No:

Cardholder's Name:

Card Number: Visa MasterCard Discover American Express JBL Other

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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Expiry Month and Year (MM/YYYY):

<input type="text"/>	<input type="text"/>
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CVV:

Not Required

Billing Address: Address Line 1:

Address Line 2:

City: State: Postal Code:

Guest(s) Name:

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I/We, representing the cardholder/company, hereby acknowledge and accept that all charges authorized by Casa Rosa Inn will be billed to the card provided above.

Signature:

Date:

Please fill up all required information and fax or email us back including:

1. A copy of the front side (or the card number visible side) of the Debit/Credit card.
2. An unexpired Identification card, Driver's license, or Passport of the card holder.