761 State Highway 100
Port Isabel, TX 78578
PHONE: (956) 943-2052
Info@casarosainn.com

CREDIT CARD AUTHORIZATION FORM

I, _____, authorize the **Casa Rosa Inn** to charge my credit card account number given below, for the amount of $ _____ for Mr/Mrs _____ to arrive on _____ and stay for _____ nights at your establishment.

I also **AGREE / DO NOT AGREE (CIRCLE ONE)** to additionally pay for any phone charges, incidentals, or any other charges incurred by the above-named hotel guest during his / her stay at your hotel.

Type of credit card: **VISA, MASTER CARD, AMEX, DISCOVER (CIRCLE ONE)**

Credit Card Number: _____ Ex. _____ / _____

Cardholder's Name: _____ CVV_____

Cardholder's Phone Number: _____

Cardholder's Driver License Number: _____

I attest the above information to be true and binding:

_____ _____

(Cardholder's Signature) **(Date)**

NOTE: Please fax us a copy of your DRIVERS LICENSE and the FRONT and BACK side of the CREDIT CARD listed above, along with this form completely filled out.