

## **Credit Card Authorization Form**

l,	, authorize the use of my credit card for the following
charges incurred at the Apple Farm:	
Please check one of the following: The Room and Tax only Room, Tax, and Incidentals (food & b	
Name(s) of guest(s) staying with us	
Arrival date	Reservation number
Credit Card Number	Exp Date
Full Name on the credit card	
Contact information of the cardholde	r
Name	
Address	
Phone number	
Fax number	
Signature of the cardholder	Date

## Please include a photocopy of the credit card and the cardholder's driver's license

Please fax to: 805-546-9495 or Email to: reservations@applefarm.com

For your security, this form and the card photocopies will be destroyed upon the guest's departure