## CREDIT CARD FAX AUTHORIZATION (RETURN TO FAX #865-908-4995)

I,	ns Dlyd Digson		
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(Circle	all that are applica	ble)	
Room & Tax Charges only			
Incidentals only	OR	Amount of Charge	
Room and Incidentals		<u>\$</u>	
Security Deposit			
Group Deposit			
Pet Deposit			
Name as it appears on credit can	-d:		
My credit card number is:			
Expiration date:	c	vs security code(last 3 digits on signature line)	
The billing address for this cred	it card is:		
City, S	tate and Zip:		
The telephone number at the bil	ling address is:		
Guest name is:			
Reservation number:			
Date of Arrival:	D	Date of Departure:	
Please include a copy of	the credit card (f	ront & back), and a copy of a state ID card or driver's license.	
A fax p	hotocopy of this a	nuthorization shall be as valid as the original.	
Guests usin	ng this authorizati	ion must present proper photo ID upon check-in.	
Signature of credit card holder:			
Date:			