

Reservation Name:

Contact Person:

**Reservation Confirmation** 

Fax documents to: 541-386-3317

4070 Westcliff Dr. Hood River, OR 97031 P: 541-386-2992

Valid Date (s):

Contact Phone:

F: 541-386-3317

## **CREDIT CARD AUTHORIZATION FORM**

All information is kept confidential and used only for the purposes as noted below.

Last 4 Digits on Credit Card:	Expiration Date:	CVV:
Name on Credit Card:		
Cardholder Phone Number:	Cardholder en	nail address
Credit Card Billing Address:		
First and Last Name of guests authorized to s	tay at Westcliff Lodge under this a	account:
Check all that Apply:  Room and Tax All Incidentals All Charges Guest Amenity		
I hereby authorize the charges to be ap Lodge to update the authorized guest I		
Signature of Card Holder:	Dat	te:
By typing my name above, I hereby authorize Va for payment for the above specified reservation	gabond Lodge DBA Westcliff Lodge	to charge my credit card in my absence

or email form: reservations@westclifflodge.com