PARKSIDE INN & SPA 2116 6th Street Sacramento CA 95818 Phone: 916.658.1818

One Stay Credit Card Payment Authorization Form RETURN COMPLETED AND SIGNED FORM VIA:

Scan/Email to: info@innatparkside.com

Complete and sign this form to authorize The Inn and Spa at Parkside to make debit(s) to your credit card on file during this stay. By signing this form you give us permission to debit your account for the amount indicated below, plus a \$250 security deposit and any additional charges from their stay. This is only permission for this one stay. This provides no authorization for any additional unrelated debits credits to your account not pertaining to this stay.

Please complete the information below, print and sign, then return:

I	authorize Inn and Spa at Parkside to charge my credit card that you		
have on file ending with the	e last four numbers	for \$, plus \$250 for a security
deposit as well as addtiona	charges I approve by ch	necking them from t	he list below:
MUST SELECT:H	otel Lodging & taxes plu	s \$250 Security dep	osit
Breakfast (\$30 per person) for		1 2 gu	ests
Spa services	Set maximum amou	ınt of \$	_
Other charges	Set maximum amount of \$		
MUST SELECT: /	Any additional charges do	ue to damage or cor	nduct of guest
Cardholder SIGNATURE		DATE	
Cardholder Phone#	Email		
terms outlined above. This checked items only, and is	payment authorization is for the valid for one stay only. I cer	e goods/services describ- tify that I am an authoriz	ed by this authorization form according to the ed above, for the amount indicated above plus zed user of this credit card and that I will not sponds to the terms indicated in this form.
Authorized Guest:			
This payment is for the follo	owing guest:		
for the following date(s): a	riving:	departing:	
Please provide guest contac	ct info below for us to be	able to reach them	if needed.
Guest Phone #	Email:		

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