



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:

FAX (916-266-7567) or Scan/Email to: info@innatparkside.com

Fill out, print, then 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 plus any additional charges you approve below. This is only permission for transactions approved below and for only 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 last four numbers - _ _ _ _ for \$ _____, plus any charges I approve by checking them from the list below:

Hotel Lodging & taxes

Breakfast (\$30 per person) for _____ 1 2 guests

Spa services Set maximum amount of \$ _____

Other charges Set maximum amount of \$ _____

All additional charges

Cardholder SIGNATURE _____ DATE _____

Cardholder Phone# _____ Email _____

I authorize the above named business to charge the credit card on file indicated by this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above plus checked items only, and is valid for one stay only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Authorized Guest:

This payment is for the following guest: _____

for the following date(s): arriving: _____ departing: _____

Please provide guest contact info below for us to be able to reach them if needed.

Guest Phone # _____ Email: _____

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