



AUTOGRAPH COLLECTION®

Provisioning
(284) 394-3440
Fax (813) 354-4708

CREDIT CARD AUTHORIZATION FORM

This form is an authorization from the signee to charge his or her credit card with the appropriate charges for (Guest/Client Name) _____

(ALL FIELDS ARE REQUIRED)

Credit Card Type: _____ Card Number: _____

Expiration Date: _____ Card Holder's Printed Name: _____

Card Holder's Signature: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Please circle, which charges are, authorized to charge to the credit card listed above:

Room & Tax Only Other Charges: _____ (example: Restaurant, Phone, Laundry, etc.)

Please email this completed form to Scrub Island Provisions SProvisions@scrubisland.com

Thank you!

HOTEL USE ONLY

Confirmation/Invoice #: _____

Arrival/Event Date: _____