



Ramada Limited
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CREDIT CARD PAYMENT AUTHORIZATION FORM

(For use when using a credit card for payment for which the cardholder will not be present)

Guest Name: **(Fill In)** _____
Company Name: _____
Confirmation Number: _____
Date of Arrival: **(Fill In)** _____
Date of Departure: (Fill In) _____
Room Rate: _____
Hotel Tax: 10% VISA/MC AMEX DSVR JCB DINER

CREDIT CARD # TO BE CHARGED FOR PAYMENTS:

_____ exp: _____

CARDHOLDER NAME & ADDRESS: _____

CARDHOLDER TELEPHONE #: _____

CARDHOLDER E-MAIL: _____

The Cardholder named above with the credit card number above, understands and agrees to be personally liable for all charges incurred at this hotel including but not limited to any damage by the authorized guest. I authorize you to bill the full balance of the account to my credit card, which is shown above. Please be advised that **smoking in a non-smoking room will result in a \$200.00 cleaning charge**. Also note to ensure satisfaction of our other guests it is important that all your guests (adults and children) be considerate of all other guest staying at the hotel.

CARDHOLDER SIGNATURE

DATE

We will need a clear copy of the cardholder's **valid ID** or Driver's License as well as a clear copy of the **credit card** shown above (FRONT& BACK) **PLEASE FAX THIS AUTHORIZATION FORM, COPY OF ID AND COPY OF CREDIT CARD TO 831-426-2242**

PLEASE MARK WHAT SHOULD BE CHARGED TO THE AUTHORIZED CREDIT CARD:

ROOM & TAX CHARGES
MISCELLANEOUS CHARGES
PHONE & FAX CHARGES