



Ramada Limited

516 Water Street, Santa Cruz, CA- 95060
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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: 11% + \$2.00 Per Night VISA/MC AMEX DSVR JCB DINER

CREDIT CARD # TO BE CHARGED FOR PAYMENTS

_____ Exp Date: _____ CVV Code: _____

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 or photograph via scanner, camera, or cellular phone of the cardholder's valid ID or Driver's License as well as a clear copy or photograph of the credit card indicated above (FRONT& BACK).

YOU CAN EMAIL THIS COMPLETED AUTHORIZATION FORM, COPY OF ID AND COPY OF CREDIT CARD TO ramadasantacruz@gmail.com. ALTERNATIVELY, YOU CAN FAX IT TO (831) 426- 2242.

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

- ROOM & TAX CHARGES
- MISCELLANEOUS CHARGES
- PHONE & FAX CHARGES