

CREDIT CARD AUTHORIZATION FORM

Please FAX to (305) 858-4677 or (809) 523-8394

Attention to: _____

GUEST INFORMATION:

Last Name					
First Name					
Arrival Date		Departure Date			
No. of Adults		No. of Children			

I HEREBY REQUEST THE FOLLOWING SERVICES AT CASA DE CAMPO HOTEL:

GOLF ROUNDS | PETE DYE HALL OF FAME SPECIAL

<input type="checkbox"/> TEETH OF THE DOG	Player(s)		Round(s)		Time		Date	
<input type="checkbox"/> DYE FORE	Player(s)		Round(s)		Time		Date	
<input type="checkbox"/> THE LINKS	Player(s)		Round(s)		Time		Date	

Unused Golf Supplement features are not refundable.

AIRPORT TRANSFERS

ONE WAY ROUNDRIP

Arrival Time		Carrier/Flight No.		Airport	
Departure Time		Carrier/Flight No.		Airport	

Transfers are provided by Tropical Tours and rate will be confirmed depending on airport and number of people.

- ROOM AMENITIES _____
- GIFT CERTIFICATE _____
- FILL MY KITCHEN _____
- OTHERS _____

PAYMENT BY CREDIT CARD:

Payment may be made by Amex, Visa or Mastercard. Requested services will not be reserved and guaranteed, if information or signature is missing.

I agree with the use of my credit card information to guarantee the services requested.

Please charge: full payment, to the credit card given below:

PLEASE ATTACH COPY OF BOTH SIDES OF THE CREDIT CARD TO THIS RESERVATION FORM.

Cardholder	Last Name			First Name		
Card Number				Credit card type		
Cardholder's Signature			Expiration Date	Month	Year	Card Verification Code <small>(last 3 digits on card reverse)</small>
Street				E-Mail		
Postal Code				City		
Home Telephone				Country		

Data protection: Casa de Campo is loyal to the clients and has a strict policy for handling information. We will not disclose or distribute any information to third parties. By signing these authorization form, the client agrees to accept and abide the terms and conditions of the reservation.

Print Name _____ Signature _____ Date _____