



CREDIT CARD AUTHORIZATION FORM

CHARGES ARE AUTHORIZED FOR THE FOLLOWING GUEST(S) AT THE INN AT SARATOGA:

Guest Name(s) _____

Arrival Date _____

Departure Date _____

Room and Tax Only _____ or All Charges _____

Other _____

CHARGES SHOULD BE APPLIED TO THE FOLLOWING CREDIT CARD:

American Express _____ Visa _____ Mastercard _____

Account Number _____

Expiration Date _____

CVV Code (Visa/MC 3 digits on back of card/Amex 4 digits on front of card) _____

Cardholder Name _____

* Please attach photocopy or scan of the front **and** back of the card and e-mail the completed document to: info@innatsaratoga.com. The completed form and photocopy of the card can also be faxed to: (408) 741-0981. *

Please email questions to: info@innatsaratoga.com or call us at (408) 867-5020.