



# KALAHARI RESORTS Credit Card Authorization Form

PLEASE SELECT WHICH KALAHARI RESORTS PROPERTY

- Wisconsin Dells, WI    Sandusky, OH    Pocono Manor, PA    Round Rock, TX

**CONFIRMATION NUMBER**  
\_\_\_\_\_

**ARRIVAL DATE**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### INSTRUCTIONS

1. Select which Kalahari Resort property location and input the confirmation number and arrival date at the top of this form.
2. Complete the bottom half of this form. All fields are required to be completed.
3. **ALONG WITH THIS FORM, YOU MUST PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD LISTED BELOW (THE SAME CARD USED AT THE TIME THE RESERVATION WAS MADE) AND A COPY OF THE CARDHOLDER'S GOVERNMENT ISSUED PHOTO ID.**

\*\*\*Please send only the last 4 digits of the credit card number and Cardholder's Name. Nothing else should be visible. **This form will be invalid if the CVV/CSC number is not blacked out.** For security purposes, please black out all but the last 4 numbers of the account on the photocopy of the credit card being sent to us. All photocopies must be clear and legible to be accepted. If they are difficult, or unable to be read, you will be required to submit additional copies. \*\*\*

4. Email the required copies and this completed form to [dellscallcenterfax@kalahariresorts.com](mailto:dellscallcenterfax@kalahariresorts.com) or fax the copies and completed form to (608) 254-6116.

**PLEASE NOTE:** If this form is incomplete or missing the required copies of the credit card and/or the cardholder's photo ID, authorization cannot be validated and the guest(s) will **NOT** be allowed to check-in. In addition, this form will not be accepted if returned within 7 days of the scheduled Check-in date.

### PLEASE COMPLETE THE FOLLOWING:

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_

To use my (please check one):  VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS  
for \_\_\_\_\_ night(s) at a rate of \$ \_\_\_\_\_ per night.

The last 4 digits of the credit card are \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ with an expiration date of \_\_\_\_/\_\_\_\_ and a **billing zip/postal code** of \_\_\_\_\_.

I understand that by submitting this form, my credit card will be authorized for payment in full in advance.

Please select from the following:

- This card may be used for **ROOM AND TAX ONLY.**
- This card may be used for **Room and Tax, plus ANY ADDITIONAL CHARGING\*** for the following selected options:
  - Food & Beverage    Phone    Valet    Movie Rentals    Spa Services
  - Retail Purchases    Other \_\_\_\_\_

\*If you choose to allow your credit card to be used for these additional services, the amount authorized will reflect a minimum of an additional 50% of the total amount stay. The credit card will only be billed for the exact amount of the items indicated above. In addition, debit cards are not to be used for additional charging.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR EXAMPLES OF APPROVED COPY SAMPLES

4/18/2017



## KALAHARI RESORTS Credit Card Authorization Form



F42652HC

Authorized Signature *John Doe*

Not Valid Unless Signed

INTERLINK PLUS Your Bank