



KALAHARI RESORTS Credit Card Authorization Form

Confirmation #

Arrival Date:
____ / ____ / ____

INSTRUCTIONS:

1. Input the confirmation # and arrival date in the boxes at the top of this sheet.
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 & BACK OF THE CREDIT CARD LISTED BELOW WHICH SHOULD BE THE CARD THAT WAS USED AT THE TIME YOU MADE THE RESERVATION AND A COPY OF THE CARDHOLDER'S PHOTO ID.
We only need to see the last 4 digits of your account number on both the front and back of the card. For security purposes, please black out all account numbers on the copy you send to us except for the last 4 digits of the account number.
4. E-mail the copies and this completed form to dellscallcenterfax@kalahariresorts.com or Fax the copies and this completed form to **608-254-6116**.

***NOTE:** *If this form is incomplete, or missing the copies of the credit card, or missing the copy of the cardholder's ID, it cannot be validated and the guests will **NOT** be allowed to check in.*

I, _____, authorize _____
(Name of cardholder) (Name of guest checking in)

to use my (please check one) ___ VISA ___ MASTER CARD ___ DISCOVER ___ AMEX
for ___ nights at a rate of \$_____ per night.

The last 4 digits of the credit card number are _____ with an expiration date of ____/____

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

Please select one of the following.

_____ This card may be used for **ROOM AND TAX ONLY**.

_____ This card may be used for room & tax, and **ANY ADDITIONAL CHARGING for:**

___ Food & Beverage ___ Phone ___ Valet ___ Movies
___ Spa ___ Retail ___ 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 of the 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.

Signature: _____ **Date:** _____

Phone number or e-mail where we can reach you if we have questions: _____