



## Credit Card Authorization

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Amount: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

**PLEASE FAX TO 843.768.2736**

**ATTN: Villa Reservations**