



Third Party Credit Card Authorization Form

Data Security & PCI Compliance requires that this form be faxed to:

Please include a clear and legible photocopy of the front and back of the credit card on your company letterhead. We must be able to read the entire number and full signature.

Company Name: _____ Mailing Address: _____

Phone number: _____ Email: _____

Lakeview is hereby authorized to charge your credit card for the following reservations:

Reservation #	Name of guest staying in the room	Arrival Date	Departure Date	Authorized charges

*Meals refer to food and non-alcoholic beverage.

My Credit Card is a: _____ . The number is _____ Exp: / CVV: _____

Cardholder name: _____ Cardholder signature _____

Is a copy of the invoice and charge slip to be given to the person staying in the room? Yes: _____ No: _____

If no, please provide your fax or email and we will send copies to your attention:

May we securely retain this information for future stays for your guest(s)?

If no, we will securely destroy this form after your guests depart. Yes: _____ No: _____

Signature: _____ Date: _____

NOTE: Your credit card will be pre-authorized for all approved charges at check-in. Your card will not be charged until checkout/departure.

Transmission of this completed document via email is prohibited by PCI Compliance. Should you choose to return this form via email, you hereby agree to accept full responsibility.