



KALAHARI RESORTS and Convention Center Pennsylvania - Credit Card Authorization Form

INSTRUCTIONS

1. Complete this form entirely, all fields are required.
2. This form must be completed and delivered to pareservationsupport@kalahariresorts.com no less than seven (7) days prior to the scheduled arrival date.
3. In addition to this form, you are required to provide a copy of the front and back of the credit card to be used as well as a copy of the card holder's government issued photo ID.*

Send only the last four (4) digits of the credit card number and card holder's name. Nothing else should be visible. For security purposes, please black out all but the last four (4) numbers of the account on the copy of the credit card sent to us. This form will be invalid if the CVV/CSC number is not blacked out. All copies must be clear and legible to be accepted. Additionally, signatures on the card, ID, and form should all reasonably match. If they fail to match, or are difficult or unable to be read, you will be asked to submit additional copies.

I _____ affirm that I am the owner and cardholder for the credit/debit card ending with the last four digits ____ with an expiration date of ____/____ and a billing ZIP CODE of _____.

By submitting this form, I acknowledge that this card will be charged in advance, for the full amount of the room and all applicable taxes and fees.

The name of the person I am authorizing is _____.

I am authorizing Kalahari Resorts and Convention Center located in **Pocono Manor, PA.** to use my:

- VISA Master Card Discover American Express

CONFIRMATION NUMBER _____

SCHEDULED ARRIVAL DATE Month _____ Day _____ Year _____

SCHEDULED DEPARTURE DATE Month _____ Day _____ Year _____

AVERAGE NIGHTLY ROOM RATE \$ _____

Place an 'X' in the box that accurately represents the purpose of your authorization. **My card may be used for the following purchases.**

Room and Taxes Only	<input type="checkbox"/>
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In addition to Room and Tax charges, this card may be used for the following:

Food and Beverage	<input type="checkbox"/>
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Retail Purchases	<input type="checkbox"/>
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Telephone	<input type="checkbox"/>
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Spa Services	<input type="checkbox"/>
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Valet	<input type="checkbox"/>
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Other	<input type="checkbox"/>
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Movie Rentals	<input type="checkbox"/>
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If you choose to allow your **credit card** to be used for these additional services, the amount will be authorized to reflect a minimum of an additional 50% above the total amount of the stay. The credit or debit 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.

CARD HOLDER SIGNATURE: _____

DATE: _____

EMAIL ADDRESS: _____

TELEPHONE: _____