EDEN RESORT & SUITES
222 Eden Road ~ Lancaster, PA 17601
Ph: 717-560-8400 ~ Fax: 717-560-5089
www.EdenResort.com

Credit Card Authorization Charge Form

Date: _____

Name of Group or Event_____

I, _____**, herby authorize The Eden Resort & Suites to charge**

my credit card numbers _____
Expiration Date_____ **Security/ CVV Code**_____ **for:**

Room and Tax: _____
Incidentals: _____
All Charges: _____
Other (as indicated):_____
_____
_____

Dates of Stay/Function: _____
Confirmation Number(s):_____
Reserved Room Rate: _____

Cardholder Verification

Name of Cardholder:_____
Billing Address: _____
_____
Home Address: _____
_____
Daytime Phone Number: _____ **Home Phone Number:** _____
Fax Number: _____

Cardholder Signature: _____ **Date:** _____

Please complete the form properly and attach a clear copy of the front of your credit card and a Drivers License/State Id for proper verification. If the card holder is paying for more than one guest, please attach a rooming list with arrival/departure dates and confirmation numbers.

***For security purposes please fax back to The Eden Resort & Suites Accounting Department at 717-560-5089. If you are unable to fax please contact your sales manager for other options. The Eden Resort & Suites is not responsible for any information sent via e-mail.**

Thank you for choosing The Eden Resort & Suites!!

For Internal Use Only
Received: _____
Date: _____ **Time:** _____