



Credit Card Authorization Form

I, (print name) _____ hereby authorize Silverthorn Resort to charge my credit card account for payment of:
(check all that apply)

___ Rental Fees in the amount of \$ _____	
___ Damage Deposit	___ Fuel Charges
___ Damage Fees	

(Please Print)

Guest: First Name _____ Last Name: _____

Name on Reservation: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___

Below is all the information needed to bill my credit card.

Credit Card Type: (Visa or MasterCard) _____

Account Number: _____ Expiration Date: _____

*3-digit verification number located on back of credit card: _____

Name exactly as appears on card: _____

NOTE: A copy of Credit Card, front and back along with a copy of your driver's license must be attached. Please fax to (530) 275-1573 or send to PO Box at bottom of page.

Copies must be legible.

Cardholder's Signature

Date

Cardholder's Contact Information:

Home Phone: () -

Fax Number: () -

Cell Phone: () -

Business Ph: () -