

BLUE HARBOR RESORT 
& CONFERENCE CENTER
CREDIT CARD AUTHORIZATION FORM

NAME:
CONTACT:
ADDRESS:

PHONE NUMBER:
EMAIL:
Deposit Requested: \$25
Date Required:

CARDHOLDER - Please complete the following section and sign/date below.

<i>Cardholder Name as it Appears on Credit Card:</i>		
<i>Credit Card Billing Address:</i> <i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Daytime Phone:</i>	<i>Evening Phone:</i>	
<i>Credit Card Number*:</i>	<i>Expiration Date:</i>	<i>CVV2 or CID Number:</i>
<i>Credit Card Type: (Circle one)</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club <input type="checkbox"/> Discover		
<i>Credit Card Issuing Bank Name:</i>	<i>Bank Phone Number (from back of your credit card):</i>	

*Call our Accounting Assistant, Ashely, at 920-395-7267 to pay the \$25 application fee via phone.
 By signing below, you authorize the hotel to charge your credit card the advance deposit amount indicated above.

Cardholder Signature: _____ **Date:** ____ / ____ / _____