

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Postal Code (from credit card billing address): _____

I, ASHELEEN KAHUR, authorize CAPE COD VILLA hold \$750 for incidentals incurred during the stay from December 28-22. Hold will be released after check-out on December 29-22 once cleaning crew made the inspection of the Villa and finds the house on required conditions.

Customer Signature

Date

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