

TO MAKE A RESERVATION WITH A VISA OR A MASTERCARD, PRINT THIS FORM, PROVIDE ALL INFORMATION REQUESTED. THIS CREDIT CARD FORM MUST BE MAILED, OR FAXED (PLEASE CALL US IMMEDIATELY BEFORE FAXING THIS FORM).

NAME ON CREDIT CARD (please print)

CREDIT CARD BILLING ADDRESS

CITY, STATE, ZIP CODE

CREDIT CARD NUMBER

circle one: VISA MASTERCARD

EXPIRATION DATE (MM/YY)

'V-CODE' NUMBER

(The last 3 digits in the signature box on the back of your credit card.)

AMOUNT: \$

I UNDERSTAND THAT THIS RESERVATION IS GUARANTEED THEREFORE IS NOT CANCELLABLE

CARDHOLDER SIGNATURE

TODAYS DATE

DO NOT WRITE BELOW THIS LINE

AUTHORIZATION NUMBER DATE