

# AUTHORIZATION TO CHARGE CREDIT CARD

I, \_\_\_\_\_ authorize Windmill Inns of America to use  
CARDHOLDER'S NAME

my credit card to bill charges for: \_\_\_\_\_ / \_\_\_\_\_  
LAST NAME FIRST NAME

to arrive on \_\_\_\_\_ & depart on \_\_\_\_\_.  
DATE DATE

Please complete one form for each guest room.

**I have initialed the items that can be billed to my credit card:**

\_\_\_\_\_ Room & tax only                      \_\_\_\_\_ Room, tax & all incidentals  
\_\_\_\_\_ Room, tax & phone charges            \_\_\_\_\_ Other: \_\_\_\_\_

## CARDHOLDER INFORMATION:

Name as it appears on the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above I authorize The Windmill Inn to charge my credit card two weeks prior to check-in date for the amount of one room night plus tax.

**The Windmill Inn will also require that the above credit card and a photo ID be presented upon arrival/check-in to the hotel.**

If you have any questions, please contact Janelle Holyoak at The Windmill Inn: (520) 577-0007

**Please fax this and your Reservation Request Form to  
The Whole Bead Show by November 15<sup>th</sup>, 2008:  
(530) 265-2776**

For Office Use Only

Received by: _____
Date: _____
Confirmation Number: _____

GSA: Please attach this to the folio upon check-out.