



Tanglewood

**4468 Starkey Road, S.W.
Roanoke, Virginia 24018**

Credit Card Authorization

Client Name: _____

Date of Arrival: _____ *Date of Departure:* _____

Authorized Amount: \$ _____

Cardholder Name: _____

Credit Card Name Type: _____

Credit Card Number: _____

Expiration Date: _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of for payment for all specified charges for the above named individuals or group.

Authorized Charges are as follows:

_____ *Room & Tax Only*

_____ *Food and Beverage*

_____ *Telephone*

_____ *Movies*

_____ *All Charges*

Cardholder Signature: _____

Print Name: _____ *Date:* _____

Please provide copy of credit card front & back.