

NAPA DISCOVERY INN

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Napa, CA 94559
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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Napa Discovery Inn to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please fax information to us with a copy of the credit card (front/back) and a copy of your driver's license.
Napa Valley Tax: 14% tax will be added to the total amount.**

Please complete the information below:

I _____ authorize Napa Discovery Inn to charge my credit card
(Full Name)

for _____ on or after _____.
(Dollar Amount) (Date)

This payment is for:

Guest Name _____ Check-In Date _____

Number of Nights _____ Amount Per Night _____

Total Amount _____

Billing Address _____ Phone# _____

City, State, Zip _____ Fax# _____

Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Card Number _____

Expiration Date _____ Zip _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.