Napa Discovery Inn

500 Silverado Trail Napa, CA 94559 Phone No: (707) 253-0892 Fax No: (707) 637-4240 email@napadiscoveryinn.com

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: 15% tax will be added to the total amount.

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for on or afte	r		
This payment is for:			
Guest Name Number of Nights Total Amount		Amount Per Night _	
Billing Address			
City, State, Zip			
Account Type: 🗌 Visa	☐ MasterCard		Discover
Cardholder Name			Card
Number			-
Expiration Date	Zip _		<u> </u>
CVV (3 digit number on back	of Visa/MC, 4 digits of	on front of AMEX)	<u></u>
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.