

SIESTA HOTEL
CREDIT CARD AUTHORIZATION FORM

I, _____, acknowledge that I am making a hotel
(Full Name as Shown on Credit Card)
reservation at the Siesta Hotel (Grenada) from _____ to _____
for a _____ (room) at a rate of US\$ _____/night minus 25 % discount
plus 20% tax. The total amount for the entire stay is US\$ _____.

I hereby give my authorization for the Siesta Hotel to charge my credit card
in the amount of US\$ _____ as full payment for my accommodations.

I acknowledge that this payment is non-refundable and that no cancellations, short stays,
or NO SHOWS will be accepted. My credit card details are as follows:

Credit Card Number: _____ (VISA or Mastercard)

Expiration Date: _____

Name of Card Holder: _____

Date: _____

Accepted by: _____
Signature of Card Holder



Please include a copy of the front and back of your credit card along with this form.

Please fax back to the Siesta Hotel at (473) 444-4647