LETTER OF AUTHORIZATION TO CHARGE CREDIT CARD Fax # 603-356-3463

I, (C.C Holder)	, authorize Adventure Suites to charge my credit card,
described below, the amount agree	eed upon during reservation confirmation, a total of \$
Guest name:	
Suite choice:	
Check-in date: //	
I have attached these required do	ocuments:
Photocopy of my license.	
Photocopy of the front an	nd back of my credit card described below.
Mark one [X]:	
[] I authorize my credit card for additional charges. (Ex: Remaining balance due at check in)	
[] I do not authorize my credit ca (Guest will settle remaining balan	rd for any further charges. nce and supply personal credit card <u>or</u> \$100 cash deposit)
Credit Card Details:	
Name on Card:	
	MasterCard Discover
Credit Card Number:	Exp. Date:/
Security Code (CVC):	
Credit card holder's contact infor	mation:
Street Address:	Suite/Apt
City:	
State/Province/District:	Zip Code:
Cell Phone:	Home Phone:
Email Address: _	
Circostoria	Deter / /
Signature:	Date: <u>//</u>