

Palace Resorts Charge Authorization Form

Date: _____ Membership No: _____

Hotel Reservation No: _____

Passenger's Names:

_____, _____
_____, _____

If Requesting Transfers, Please Provide the Following Information

This is Not a Confirmation Notice and Will Not Be Valid for Transportation

Originating City	Arrival Date	Arrival Time	Airline & Flight No.
_____	_____	_____	_____
Departure Date	Departure Time	Airline & Flight No.	No of Passengers
_____	_____	_____	_____

I authorize Palace Resorts to charge my credit card for the following services:

Hotel: _____ Transfers: _____

Credit Cards Accepted: Visa: _____ Mastercard: _____

Cardholder's Name: _____ Telephone No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Credit Card No: _____

Exp. Date: _____ Amount to be Charged: \$ _____

Signature: _____

Palace Resorts
8725 NW 18th Terrace (#301)
Miami, FL. 33172

Agent: Silvia Gonzalez (800) 346-8225 Ext. 7642

Important: Form must be completely filled out. Please notify us immediately of any changes.

Please Fax This Form to: Tina Cullen (530) 577-0782