Kalahari Resorts
Credit Card Authorization Form

SELECT WHICH KALAHARI RESORTS PROPERTY

☐ Wisconsin Dells, WI ☐ Sandusky, OH ☐ Pocono Mtns., PA

CONFIRMATION NUMBER	ARRIVAL DATE
	/ /

INSTRUCTIONS

1. Select which Kalahari Resort property location and input the confirmation number and arrival at the top of this sheet.
2. Complete the bottom half of this form. All fields are required to be completed.
3. ALONG WITH THIS FORM, YOU MUST PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD LISTED BELOW (THE SAME CARD USED AT THE TIME THE RESERVATION WAS MADE) AND A COPY OF THE CARDHOLDER'S PHOTO ID.

   Please note: only the last 4 digits of the credit card number are required to be visible. For security purposes, please black out all but the last 4 numbers of the account on the photocopy of the credit card being sent to us.
4. Email the required copies and this completed form to dellscallcenterfax@kalahariresorts.com or fax the copies and completed form to (608) 254-6116.

PLEASE NOTE: *If this form is incomplete, or missing the required copies of the credit card and/or the cardholder's photo ID, authorization cannot be validated and the guest(s) will* ***NOT*** *be allowed to check in.*

PLEASE COMPLETE THE FOLLOWING:

I, _____, hereby authorize _____
(name of cardholder) (name of guest checking in)

to use my (please check one): ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

for _____ night(s) at a rate of $_____ per night.

The last 4 digits of the credit card are __ __ __ __ with an expiration date of ____ / ____ and a billing zip/postal code of _____.

I understand that by submitting this form, my credit card will be authorized for payment in full in advance.

Please select from the following:

☐ This card may be used for ROOM AND TAX ONLY.

☐ This card may be used for Room and Tax, plus ANY ADDITIONAL CHARGING* for the following selected options:

☐ Food & Beverage ☐ Phone ☐ Valet ☐ Movie Rentals

☐ Spa Services ☐ Retail Purchases ☐ Other _____

*If you choose to allow your credit card to be used for these additional services, the amount authorized will reflect a minimum of an additional 50% of the total amount of the stay. The credit card will only be billed for the exact amount of the items indicated above. In addition, debit cards are not to be used for additional charging.

Cardholder signature: _____ **Date:** _____

Phone number or email in case of questions: _____

11/17/2015