

3AAA Cruz Bay, St. John USVI 00830

www.gallowspointusvi.com

Contact: Property Manager Mark 1-860-304-5799 or 1-800-996-6956

Fax: 1-817-394-1676

Email: www.15agallowspointusvi@gmail.com

CREDIT CARD AUTHORIZATION FORM

Visa or MasterCard Letter of Authorization

To complete this transaction, please fax or e-mail a **photocopy of the cardholder's valid driver's license or official photo identification** (passport, military ID, etc.) and the front and back of the **signed credit card**. Photocopies and signatures are required to process your accommodation charges. This is essential for your protection as well as ours. All transactions are subject to approval.

I, _____ (*print full name*) understand Blue Orchid Gallows Point 15A's reservation policy and my deposit will be forfeited if I cancel or do not show up on the specified check-in date. I hereby, authorize Blue Orchid Gallows Point 15A, to charge the reservation deposit/balance due specified below to my charge card listed below. I recognize that payments are only refundable when notice of cancellation has been received in writing, by fax or by e-mail, at least **30 days in advance of the arrival date** of the reservation.

In order to process the payment to the credit card and secure your reservation, submit your paperwork within **48 hours** of receiving the invoice of payment from Blue Orchid Gallows Point 15A.

1. Name as printed on card: _____

2. Name of bank on card: _____

3. Credit Card: () Visa or () MasterCard

4. Credit Card # _____ / _____ / _____ / _____

(CVV - 3 digit code ___ __ __) Expiration Date: ____ / ____ (MM/YY)

5. Credit Card Billing Address:

Street Address _____

City _____ State _____ Zip _____

6. Phone Number Listed with Credit Card Company: _____

7. E-mail: _____

8. Cardholder's Signature: _____ Date: _____

Nightly Rate	\$
U.S. Virgin Islands Hotel Tax 8%	\$
Total Balance Due (48 hours within receiving the invoice)	\$

Check-in: ___/___/___ after 3:00p.m. Check-out: ___/___/___ by 11:00 a.m.

Expected Arrival Time: _____ Date: _____

Expected Departure Time: _____ Date: _____

If available, we will accommodate early and late check-out requests.

Cell phone number you will use during your visit: _____

We suggest you program our number into your phone before you arrive:

1-860-304-5799 or 1-800-996-6956

Damage to property and/or missing items may be charged to the above credit card. Smoking is not permitted anywhere on the property (See terms and conditions on www.gallowspointusvi.com).

By signing above, I acknowledge the above charges and treat this fax as a copy of my signature on file. I understand that by signing this form I give authorization to Blue Orchid Gallows Point 15A to charge my credit card for the above charges and agree to abide by the terms and conditions set forth by Blue Orchid Gallows Point 15A and the issuing credit card company. Furthermore, I understand and agree that the charges specified above are irrevocable and may not be charged-back at any time in the future and that all sales are final.