



5700 Saddlebrook Way  
 Wesley Chapel, Florida 33543-4479  
 813-973-1111

Please complete the requested information and return this via fax to the attention of Saddlebrook Reservations at 813-907-4239. All areas must be completed. The cardholder and the guest are jointly and severally liable for all charges at Saddlebrook Resort.

I, \_\_\_\_\_ Authorize Saddlebrook Resort: \_\_\_\_\_  
 ( Cardholder's Name ) ( Date )

to use this credit card for: \_\_\_\_\_

(Guest Name)

A. Payment of advance deposit [ ] in the amount of \$ \_\_\_\_\_

Your credit card will be charged upon our receipt of this authorization.

B. Payment of Following Account Charges:

- \_\_\_ Room and Tax \_\_\_ Valet \_\_\_ Food & Beverage
- \_\_\_ All Charges \_\_\_ Golf Package \_\_\_ Spa Services
- \_\_\_ GIFT CARD in the amount of \$ \_\_\_\_\_

If Purchasing a GIFT CARD choose one of the following shipping services:

\_\_\_ USPS Delivery Confirmation \_\_\_ Fed Ex Standard Overnight (must be received by 2pm M-F)

(Shipping cost are subject to the current rates of USPS/Fed EX at time of shipping)

Type of card: Visa [ ] Master Card [ ] American Express [ ]

Credit Card Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Printed Cardholder's Name: \_\_\_\_\_

*Cardholder's Signature:* \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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For Office Use Only:

Folio or Document # \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Authorization Amount: \_\_\_\_\_ Verified On: \_\_\_\_\_ Initials: \_\_\_\_\_ Department: \_\_\_\_\_