



**FRONT DESK – CREDIT CARD AUTHORIZATION FORM**

Guest Name(s): \_\_\_\_\_

Date(s) of Reservation: \_\_\_\_\_

Reservation Confirmation #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

Cardholder's Address: \_\_\_\_\_

Cardholder's Daytime Phone #: \_\_\_\_\_

Cardholder's Email Address: \_\_\_\_\_

*A copy of the folio will be sent to this address.*

Please circle the charges for which the above credit card is to be charged:

Room & Tax

Restaurant Charges

Lounge Charges

Golf Charges

All Charges

Please attach a copy of the credit card.

Upon completion, please fax to Front Desk at (814) 466-6260

**310 Elks Club Rd. Boalsburg, PA 16827**

**Wyndham Garden State College \* Phone: (814) 466-2255 \* Website: [www.wyngardenstatecollege.com](http://www.wyngardenstatecollege.com)**

**Mountain View Country Club \* Phone: (814) 466-7231 \* Website: [www.mtviewcountryclub.com](http://www.mtviewcountryclub.com)**