



Kalahari Resort & Convention Center

CREDIT CARD AUTHORIZATION FORM

Wisconsin Hospital Association 05/07/2009

I, _____ do hereby authorize

guests under the confirmation # _____

to use my VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS credit card

_____ exp. _____ for _____

nights at a rate of \$_____ per night. Please be advised that by providing this card for payment, it will be *authorized* for the full amount of the stay.

The credit card MAY / MAY NOT be used for (please circle): FOOD & BEV. / MOVIES / PHONE / INTERNET / RETAIL PURCHASES / SPECIAL SERVICES / OTHER: _____

If you choose to allow your card to be used for these additional services, the amount authorized will reflect an additional 50% of the entire amount of the stay.

The card will only be charged for the exact amount on items indicated above.

THANK YOU, _____ (Signature Required)

Please provide below, a copy of the front and back of the credit card being used, as well as a copy of the card owner's photo ID. **Please fax to Reservations at: (608) 254-6116.**