



18444 Bow Ridge Drive, Bow, WA 98232 ph. 888-724-1640 fx. (360) 724-0642

Hotel Credit Card Authorization Form

ENTIRE FORM MUST BE COMPLETE OR IT WILL NOT BE ACCEPTED

Reservation ID#

Guest Name(s) _____

Reservation Date(s) mm / dd / yy to mm / dd / yy
mm / dd / yy to mm / dd / yy
mm / dd / yy to mm / dd / yy

Card Type _____ Card Number _____

Exp. Date _____ 3-digit Security Code (CVV2/CVC2/CCID) _____

Name _____
(As it appears on card)

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

I, _____ hereby authorize Skagit Valley Casino Resort to charge my
(Print Name)
credit card for the charges indicated below.

Cardholder Signature _____ Date _____
(To authorize stated charges against credit card)

PLEASE NOTE: CREDIT CARD WILL BE CHARGED 24 HOURS PRIOR TO ARRIVAL DATE(S).

Guest Room Charges

- All Guest Room Charges
- Room & Tax Only
- Deposit & Incidentals Only
- Other: _____

How would you like us to send you your receipt?

- Email
- Fax
- Mail to Address Above