

Calimesa Inn Motel  
1205 Calimesa Blvd ♦ Calimesa, CA 92320  
Phone: 909-795-2536 ♦ Fax: 909-795-8468  
Email: calimesainnmotel@gmail.com  
www.Calimesainnmotel.com

## Credit Card Authorization Form

I, \_\_\_\_\_, authorize Calimesa Inn Motel to charge my credit card for the following charges: (please check all that apply)

\_\_\_\_ ROOM & TAX (currently 10% tax)

\_\_\_\_ INCIDENTALS

\_\_\_\_ DEPOSIT PRE-PAYMENT: Amount \$ \_\_\_\_\_

\_\_\_\_ Pet Fee \$ 10 A Day OR \$ 50 A Week (per Pet) \$ \_\_\_\_\_

RESERVATION NAME/GROUP: \_\_\_\_\_

DATES OF STAY: \_\_\_\_\_

CONFIRMATION # \_\_\_\_\_

**THIS CREDIT CARD AUTHORIZATION WILL NOT BE VALID UNLESS RETURNED VIA FAX WITH A LEGIBLE FRONT AND BACK SIDE COPY OF THE CREDIT CARD AND**

**A COPY OF THE STATE ISSUED I.D. OR DRIVERS LICENSE OF THE CREDIT CARD HOLDER PLEASE CONSIDER ENLARGING THE PHOTOCOPIES OF THE I.D. AND CREDIT CARD FOR BETTER CLARITY WHEN FAXING**

**WE ACCEPT ALL MAJOR CREDIT CARDS. WE DO NOT ACCEPT DEBIT CARDS.**

NAME OF CREDIT CARD HOLDER: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_

CVV NUMBER: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CARD HOLDER DATE

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_