

**Natural Bridge Historic Hotel & Conference
Center, Caverns, Natural Bridge State Park
CHARGE CARD AUTHORIZATION**

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

NAME: _____

ARRIVAL DATE: _____

TYPE OF PAYMENT: _____

- Advance Deposit All Charges Caverns State Park Tickets
 Room & Tax Only F&B Charges Meeting Room Combo Tickets

ESTIMATED TOTAL: \$ _____

This Authorization entitles the Natural Bridge Hotel & Conference Center to register charges for goods and services rendered to the above individuals for the referenced event to the following credit card:

- VISA Master Card Discover American Express Diners Club

Card No.: _____ CVV No.: _____

Expiration Date: _____

Name on Card: _____

Card Holder Signature: _____

Date of Hotel Authorization: _____

Authorization (for Hotel use ONLY) #: _____

FOLIO:
GL #:

Please complete this form and return to with your signed contract. Attach a photocopy of your ID to the form and submit via facsimile to 540-291-1896, in order to remit payment with a charge card.