



OFFICE USE ONLY

Credit Card Authorization Form – Rental Fees

Sign and complete this form to authorize the Lake Almanor Country Club (LACC) to collect payment by charging the credit card listed below.

Fees must be paid prior to checking in.

Please complete the information below:

By signing this form, I (full name) _____ authorize Lake Almanor Country Club to charge my credit card account indicated below for all Rental Fees due to LACC in association with my Vacation Rental detailed in the LACC RENTER REGISTRATION Form.

Address / Date of Reservation: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Other _____
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit number on back of card)	_____	Amount	\$	_____

SIGNATURE _____

DATE _____

I authorize LACC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Once completed please email, fax, or mail this form to:

Address: LACC, 501 Peninsula Drive, Lake Almanor, CA 96137-9555

Fax: 530-259-2092

Clifford Gate Office Phone : 530-259-5320

E-Mail: rentals@lacchoa.com