

**KENWOOD
VILLAGE INN**

701 34TH STREET NORTH
ST PETERSBURG, FL 33713
727-828-0973 (PHONE)

CREDIT CARD AUTHORIZATION LETTER

I, _____ (print name as appears on card) authorize the use of my credit card described below for charges related to services provided by the Kenwood Village Inn.

CREDIT CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CREDIT CARD NUMBER	_____	
EXPIRATION DATE	_____ (MM / YYYY)	
NAME OF CARDHOLDER	_____	
BILLING ZIP CODE	_____	

I understand that the amount charged to my credit card will be reflected on my credit card statement within seven days of authorization. The amount charged is based on services requested by me.

SIGNATURE _____

TODAY'S DATE _____

**FILL-OUT ENTIRE FORM AND FAX WITH PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD.
CREDIT CARD MUST BE SIGNED.**

**FAX TO: KENWOOD VILLAGE INN - ST PETERSBURG, FLORIDA
727 - 209 - 3709**