



Phone (480) 897-6344 - Fax (480) 897-1051 – Cell (480) 235-1281
CREDIT CARD AUTHORIZATION FORM

TEAM NAME : _____

PERSON RESPONSIBLE FOR
TEAM RESERVATIONS: _____

ADDRESS : _____

CITY - STATE : _____ - _____

ZIP OR POSTAL CODE: _____ PROVINCE (Canada): _____

PHONE: _____ FAX: _____ EMAIL: _____

WE HEREBY AGREE TO ALLOW MOTORSPORTS TRAVEL CONSULTANTS TO PROVIDE THIS CREDIT CARD FOR ROOM GUARANTEES, DEPOSITS AND/OR PAYMENTS FOR ACCOMMODATIONS THAT THEY BOOK FOR US. WE ALSO ALLOW MOTORSPORTS TRAVEL TO CHARGE THE CREDIT CARD LISTED BELOW FOR THE ASSOCIATED RESERVATION FEES. THIS FEE IS IN ADDITION TO THE ROOM RATES AND IN NO WAY INVOLVES THE HOTEL PROPERTY BEING BOOKED. WE UNDERSTAND THAT IF ANY ROOMS ARE CANCELLED AFTER THAT TIME NO RESERVATION FEE REFUNDS WILL BE ALLOWED. ANY CANCELLATION PENALTIES ISSUED BY THE PROPERTIES YOU WILL BE STAYING AT FOR ANY CANCELLED ROOMS WILL BECOME THE CARD HOLDERS RESPONSIBILITY.

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

CREDIT CARD TYPE: _____ EXPIRATION DATE: _____ CCV*: _____

AUTHORIZED SIGNATURE : _____

BELOW IS A COPY OF THE FRONT AND BACK SIDES OF THE CREDIT CARD

*3 digit code on back of Visa or MC-4 digit code on front of AX