



BY CHOICE HOTELS

Clarion Resort & Waterpark
2261 East Irlo Bronson Memorial Hwy.
Kissimmee, FL 34744
407-846-2221 Fax: 407-846-3785
www.clarionwaterpark.com

Credit Card Authorization
(Please Print)

Date: \_\_\_/\_\_\_/\_\_\_

Attn: Clarion Resort & Waterpark

This is to confirm that \_\_\_\_\_ is authorized to use my credit card for
payment or prepayment of their charges while staying at the Clarion Resort & Waterpark
2261 East Irlo Bronson Memorial Hwy. Kissimmee, FL 34744

Relation to this person \_\_\_\_\_

Confirmation# \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ CC# \_\_\_\_\_

Full Name of Credit Card Holder \_\_\_\_\_

Billing Address of Credit Card Holder: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver license# \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Credit Card holder Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Notes or Instruction:

Four horizontal lines for notes or instructions.

I understand that I am personally responsible for all charges incurred on this account/folio during their stay and
agree to pay the total charge amount according to the card issuer agreement. . > Debit Cards: Should you choose
to use your debit card to guarantee your hotel charges, a hold will be placed on your funds in the amount of
room and tax for each night plus 10%. Failure to cancel a reservation 48 prior to date of arrival and No show
will be charged at least 1 night room & tax.

Card Holders Signature: \_\_\_\_\_

Must please supply photo copy of front and back of Credit Card & Driver License!

Sleep \* Slide \* Swirl \* Swim \* Splash \* Sleep