



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 _____ Cell# _____

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:

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