

The Liguanea Club

ISA 25TH SESSION JULY 1 – 26, 2019

ROOM CATEGORY	Single occupancy	Double Occupancy
Superior Room	US\$146	US\$152
King Suite	US\$173	US\$178

*Rates inclusive of continental Breakfast.

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Liguanea Club** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

A scanned copy of the ID page of your passport should accompany this form.

Please complete the information below:

I _____ authorize **Liguanea Club** to charge my credit card
(full name as appears on passport)

account indicated below for _____ on or after _____
Amount Date

for 1 night Deposit on Guest Room.

Billing Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business 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, for the amount indicated above only, and is valid for one time use 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.

REGISTRATION FORM

1. Name as it appears on your Passport : _____
(This is the name you must use to make the reservation)

2. Type of Room Requested: _____
(Single, Double, Superior Suite)

3. How many people staying in room: _____

4. Check-In Date: _____

5. Check Out Date: _____

To be completed by Hotel.

Based on the above information your nightly room rate is: _____

E-mail or Fax the CC Payment Form to:

salesmanager@theliguaneclub.com CC: salesassistant@theliguaneclub.com

OR

Fax: 876-926-5501