

## LIGUANEA CLUB RATES

Superior Rooms: Single Occupancy US\$146 / Double occupancy US\$152

Junior Suite: Single Occupancy US\$158 / Double occupancy US\$167

King Suite: Single Occupancy US\$173 / Double Occupancy US\$178

*Rates inclusive of breakfast.*

See attached reservation and credit card authorization forms

## 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.

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### 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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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](mailto:salesmanager@theliguaneclub.com) CC: [salesassistant@theliguaneclub.com](mailto:salesassistant@theliguaneclub.com)

OR

**Fax: 876-926-5501**