

# The Roosevelt Inn

4360 Albany Post Road  
Hyde Park, NY 12538  
Tel. (845) 229-2443; Fax (845) 229-6368  
www.rooseveltinnofhydepark.com

## Credit Card Authorization Form

(All cards accepted except American Express)

Please provide credit card# to reserve the room\*, its expiration & code, and your contact info below (only write the last 4 digits of the credit card if you are emailing this form then call front desk to provide entire cc# if you haven't already done so):

# _____ * Expires: _____
CVV# (security number on back): _____ Debit card? Y N (circle one)
Name (as it appears on the credit card): _____
Billing Address of cardholder: _____
Zip: _____
Phone Number of cardholder: (_____) _____

## Permission Statement:

I, _____, authorize _____ to use (Print Name Card holder) (Print Guest Name)
the above credit card for accommodations and damages guarantee at the Roosevelt Inn.
Room Type: _____ # Units: _____ Rate per night: \$ _____ Arrival Date: ____/____ # of nights: ____
Room Type: _____ # Units: _____ Rate per night: \$ _____ Arrival Date: ____/____ # of nights: ____
<b>Room Sub-Total:</b> \$ _____ X 12.125% tax ; <b>Total:</b> _____
<b>Is the authorized guest under 21 years of age?</b> _____ (required)
<i>Should the inn's policy be violated (i.e. excessive noise, room/property damage, smoking, or pets brought onto property) by the guest or his/her friends during the guest(s) stay, I understand as authorized credit card holder that I will be responsible to pay penalties.</i>
X _____
Signature of Authorized Card Holder

Fax this sheet or scan and email to the attention of Karen/ Front Desk, (845) 229-6368, roosevelt.inn.hp@gmail.com. Thank you!

\*Room is not reserved until we have all the card information. Debit cards will be processed with an add'l security amount added to rate which is reversed on checkout.