

The Spring House Commons, LLC
PO Box 279
54 River Road
Barryville, NY 12719
845-557-8189

Date: _____

I _____ (print name), hereby authorize **The Spring House Commons, LLC** to use the following credit card that I provided issued in my name for purposes listed below:

(Check all that apply)

_____ 50% Deposit of Total accommodations cost

_____ Balance owed upon departure

or

_____ Full Payment of Total accommodations cost

I also authorize **The Spring House Commons, LLC** to charge my credit card listed here to pay full payment of agreed balance amount of invoice and any other charges incurred that are related to my stay during (dates) _____.

(*Please note if a staff member is not available to check you out we will run your credit card of all outstanding charges. An updated (paid) invoice will be emailed or mailed to you upon your preference.)

I have read policies and agree to all terms: (initial) _____

Name on the card:(print)_____

Billing Address:_____

(Check One)

____ Mastercard ____ Visa ____ Amex ____ Discover

Card Number:_____

Expiration Date: _____

3 Digit number on back of card: _____

Signature of Card Holder: _____

Please complete entire form and fax back to 845-557-8189 or email to info@thespringhouse.com

