

Skiscape LLC

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize Skiscape LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I agree to be bound by the terms of the Vacation Home Rental Agreement associated with this purchase.

Cardholder – Print Name, Phone, Sign and Date Below:

Signed: _____ Dated: _____

Name: _____ Phone: _____

Once signed return the completed form to:

Skiscape LLC

19 plover Lane

Lloyd Harbor, N.Y. 11743

Fax: 1 631 424 1295

Email: info@skiscape.com

Phone 1 631 865 1000