



Gift Certificate Credit Card Authorization Form

Credit Card Type: AX MC VISA DC DS

Credit Card Number: _____ Exp. Date: _____

Card Holder's Name as it Appears on the Credit Card

Card Holder's Address (Include Street, City, State and Zip Code)

Card Holder's Phone number and email address

I hereby authorize Hotel 24 South to charge my credit card for:

\$175.00 Overnight accommodations plus overnight parking

Certificates are also available in \$10 and \$50 increments

X \$10 = \$ _____ X \$50 = \$ _____

Please choose a shipping method:

Regular Mail	\$2.50
Federal Express (2-3 business days)	\$19.00
Federal Express Overnight (by 3PM next business day)	\$23.00

Name and Address to be mailed to: _____

I hereby agree to pay all charges as indicated on the above credit card under the terms and conditions established by the card holder.

Card Holder's Signature

Date

Please return to: Hotel 24 South
Attention: Reservations/Accounting
24 N. Market St. Staunton, VA 24401
Fax: 540.885.4840 reservations@hotel24south.com