



### Credit Cardholders Authorization Form

In lieu of my credit card imprint, I \_\_\_\_\_  
(Print name of credit cardholder as shown on credit card)

hereby authorize International Lifestyles, Inc. to charge my credit card.

CC#: \_\_\_\_\_ EXP \_\_\_\_\_

Debit Card: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, what is the daily limit: \$ \_\_\_\_\_

In the amount of US \$ \_\_\_\_\_

Group Name: \_\_\_\_\_  
**(Group name as it appears on contract)**

Hotel: \_\_\_\_\_ Hedonism III \_\_\_\_\_

My Billing Address is:

\_\_\_\_\_  
(Street Address/ Apt#)

\_\_\_\_\_  
(City/State/Country/Zip Code)

\_\_\_\_\_  
(Telephone Number)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: A legible copy of the cardholder's driver's license and credit card (front & back) is required in order to complete all credit card transactions. Incomplete payments will be returned to sender.**

**Please fax this authorization form & ID requirements to: 1-866 758-4918 toll free**

**PLEASE BE ADVISED:** All information provided above is treated confidentially, and will not be disclosed to anyone or used for any other purposes other than the intended charge.

If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution or copying of this communication is strictly prohibited and that use, dissemination, distribution or reproduction of this form by unintended recipients is not authorized and is unlawful.

Please reply to sender that you have received this form in error, and then delete it. Thank you.