Credit Card Authorization Form

I, _____ , hereby authorize
(Print Name)
Villa Barone Hilltop Manor, to charge my credit card account for the amount of: $ _____.

Circle One: VISA MasterCard
Credit Card Number:

Expiration Date: _____ /_____
V Code: _____ (Last 3 digits on Signature strip)
Name on Credit Card: _____

Credit Card Billing Address:
Street: _____
City: _____ State: _____Zip Code: _____

I am aware that my credit card will be charged an additional 5% processing fee.

I agree to pay the above amount, without any dispute of such charge. I Understand that All Sales Are Final and there are No Refunds.
Patron waives the right of trial by jury in any action arising out of this agreement. If cancellation occurs I understand that all monies for our Reservations are automatically transferred to the new "Rain Date" without dispute. I understand that my reservations & payments are not transferable and/or refunded under any circumstances.

_____ ____/____/_____
Cardholder's Signature Date

_____ _____
Event Type & Reservation Name

_____
Telephone Number

Please Print, Sign & Fax Back

466 Route 6, PO Box 636, Mahopac, NY 10541
Phone: 845 628-6600 Fax: 845 628 1929