



5984 N Darrk Lane, Bow WA 98232
Toll Free: 877-275-2448 Fax: 360-724-0116



18444 Bow Ridge Dr, Bow WA 98232
Toll Free: 888-724-0640 Fax: 360-724-0642

Hotel Credit Card Authorization Form

ALL FIELDS MUST BE COMPLETED OR FORM CANNOT BE ACCEPTED FOR USE

Reservation ID #

--	--	--	--	--	--

Guest Name (s) _____

Arrival Date ____/____/____
mm dd yy

Depart Date ____/____/____
mm dd yy

Card Number	_____	Card Type	_____
Expiration Date	_____	3-digit security code (CVV2/CVC2/CCID)	_____
Name	_____ (Please enter name as it appears on card)		
Billing Address	_____		
City	_____	State/Province	_____
Phone Number	_____	Fax Number	_____
Email Address	_____		

I, _____ hereby authorize Skagit Valley Casino Resort / Skagit Ridge Hotel to authorize
Print Cardholder Name
and/or charge my credit card for the charges indicated below.

Cardholder Signature _____ Date _____
To authorize stated charges against credit card

PLEASE NOTE: PAYMENTS WILL BE CHARGED 24 HOURS PRIOR TO ARRIVAL DATE

Provided card to cover the following:

- ☐ **Room & Tax Only** (Guest will provide own card for deposit)
- ☐ **Deposit Only** (In room charging privileges are not available with authorization forms.)
- ☐ **Room & Tax and Deposit** (In room charging privileges are not available with authorization forms.)
- ☐ **In-Room Amenity** (Contact front desk at least 48 hours prior to arrival for amenity orders).

Would you like a receipt sent to the email address above?

☐ Yes ☐ No ☐ Send to separate email: _____