



## Credit Card Agreement Form

(Must be received before guests date of arrival)

Thank you for selecting the Avanti Resort Orlando for your business or pleasure in Orlando.

I, \_\_\_\_\_, hereby authorize the **Avanti Orlando Resort** to charge my credit card.  
 (Submit copy of the front side of the guaranteeing credit card and photo identification)

Address: \_\_\_\_\_.

Town/City \_\_\_\_\_, State / County / Province \_\_\_\_\_.

Zip Code / Postal Code: \_\_\_\_\_, Country: \_\_\_\_\_.

Business Tel: (\_\_\_\_) \_\_\_\_\_, Fax (\_\_\_\_) \_\_\_\_\_, Home Tel: (\_\_\_\_) \_\_\_\_\_.

**Name of arriving guest (s)**

1) \_\_\_\_\_ / Arr. Date \_\_\_\_\_, Dep. Date \_\_\_\_\_, Confirmation#: \_\_\_\_\_

2) \_\_\_\_\_ / Arr. Date \_\_\_\_\_, Dep. Date \_\_\_\_\_, Confirmation#: \_\_\_\_\_

**Credit Card:**

American Express    Visa    MasterCard    Discover Card

**Number:**

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**Expiration Date:**

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Please indicate specifically the services that will be charged to the above indicated credit card.

All Expenses    Room & Tax only    Room, Tax, & Resort Fee    Resort Fee only    Incidentals

Amenity Request (see attached sheet for breakdown)    Other \_\_\_\_\_ (please specify)

Room Rate \$ \_\_\_\_\_, per night, per suite + 12.5% tax.

\_\_\_\_\_  
**Card Holder's Signature**

**\*\*\*Please be sure to submit the form with a clear copy of the corresponding credit card and photo ID\*\*\***

Please choose from one of the following options to submit the completed form:

1. Fax the form to the number **1-866-325-5961**
2. Upload the file to:

<https://docviewerapi.shieldq.com/FileUpload/Perform?profileToken=67434699079c40a58d10b7852f8a730a>