



Credit Card Authorization Form

Today's Date: _____ Attn: _____

Arrival Date: _____ Departure Date: _____

Guest/Group/Event Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Telephone Number: _____

Credit Card Type: _____ Credit Card Number: _____

Exp Date: _____ Cvv Code _____ Print Card Holder's Name: _____

Card Holder's Signature: _____

I hereby authorize The Inn On The River to charge my credit card for the above-mentioned function.

I authorize the following charges only:

- _____ Deposit
- _____ Room & Tax
- _____ Specified Amount of \$ _____

The Inn On The River
2492 Parkway
Pigeon Forge, TN 37863
Fax: (865) 429-8984