

Liguanea Club Hotel

Superior Room (1 King Bed or 2 Twin/Double

Beds) **US\$130.00/US\$140.00** Single/Double Occupancy- per night, inclusive of taxes.

Junior Suite (1King Bed) – **US\$140.00/US\$150.00** Single/Double Occupancy per night, inclusive of taxes

King Suite (1 King Bed) – **US\$140.00/US\$150.00** Single/Double Occupancy per night inclusive of taxes

Deluxe Suite (1 King Bed) **US\$160.00/US\$180.00** Single/Double Occupancy, per night, inclusive of taxes

Our rates do not include meals; you are invited to make purchases from the Terrace Restaurant on property or from an eatery of your choice.

Please note we have **very limited availability for August 6th - 19th** .It is advised that you book as early as possible, **by completing and returning the attached** to secure your room. A valid credit card **and** one night’s charge as deposit is required to confirm your booking. We look forward to your response.

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Liguanea Club** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

A scanned copy of your ID should accompany this form.

Please complete the information below:

I _____ authorize **Liguanea Club** to charge my credit card
(full name)

account indicated below for _____ on or after _____. This
payment is for (amount) (date)

Hotel Room Accommodations

Billing Address: _____

Phone#: _____

City, State, Zip : _____

Email: _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize Liguanea Club to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

REGISTRATION FORM

1. Name as it appears on your Passport : _____
(This is the name you must use to make the reservation)

2. Type of Room Requested: _____
(Single, Double, Superior Suite)

3. How many people staying in room? _____

4. Check-In Date? _____

5. Check Out Date? _____

E-mail or Fax the CC Payment Form to:

OR

Fax: 876-926-5501