



CREDIT CARD DEBT AUTHORIZATION LETTER

PLEASE COMPLETE AND FAX TO: 305-665-7981

I _____ (card holder's name)

Authorize Di Sole Hotel LLC. On behalf of GABLES INN to charge my credit card:

Total amount of: _____ USD\$

CARD TYPE "CIRCLE ONE " :

AMERICANEXPRESS VISA MASTER CARD DISCOVER

CARD NUMBER _____

EXP. DATE: _____ CVC # _____

Reference to Invoice / "Reservation" #(s) _____

(If paying more than one invoice, please give amount for each invoice)

Card Holder's Full Name:

Card Holder's Signature

Billing Address: _____

Date: / /

