



**I AUTHORIZE THE BUNGALOWS ON SHARY TO CHARGE:**

CREDIT CARD NUMBER: \_\_\_\_\_

TYPE OF CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

Please mark the following charges with an "X" that will be covered by your credit card. NO marks will indicate that ALL charges incurred will be charged to the credit card above.

\_\_\_\_\_ Guestroom & Occupancy Tax

\_\_\_\_\_ Food & Beverage

\_\_\_\_\_ Phone Charges

\_\_\_\_\_ Catering Charges

\_\_\_\_\_ All Charges

\_\_\_\_\_ Meeting Room Rental

\_\_\_\_\_ Other

EVENT OR COMPANY NAME: \_\_\_\_\_

GUEST NAME: \_\_\_\_\_

DATE(S) OF STAY or EVENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

**\*\*\*IMPORTANT NOTE: FOR VERIFICATION PURPOSES AND YOUR SECURITY, WE MUST HAVE A COPY OF THE CREDIT CARD (Front & Back) AND A COPY OF YOUR DRIVERS LICENSE\*\*\***

**SHOULD PAYMENT BY OTHER MEANS NOT BE RECEIVED 5 DAYS PRIOR TO THE SCHEDULED STAY or EVENT(S), I HEREBY AUTHORIZE THE BUNGALOWS ON SHARY TO CHARGE THE ESTIMATED CHARGES TO THE ABOVE REFERENCED CREDIT CARD.**

Card Holder Initial \_\_\_\_\_

3700 Plantation Grove Blvd, Mission Texas 78572

Tel: 956-519-9696

Fax: 956-519-0606