



HARBOUR POINTE
Lakefront
1-800-642-3318

797 North State Street
Saint Ignace, Michigan 49781-1137
Phone: 906-643-6000 Fax: 906-643-6946
Email: info@harbourpointe.com

CREDIT CARD AUTHORIZATION

Today's date: _____

Cardholder's full name: _____
(As shown on credit card)

Name of person occupying room: _____

Dates of stay: _____ Confirmation Number: _____

Cardholder's billing address: _____
(Address where credit card bill is mailed) (Number, Street Name, Apartment Number)

(City) (State) (Zip Code)

Cardholder's telephone number: _____
(Area Code) (Telephone Number)

Credit card number: _____ Type: _____
(Visa, Mastercard, Discover, Amex)

Expiration date: _____ CVC (3 digit): _____
(On Back of Card)

Dollar amount to be charged: _____

***** CANCELLATION POLICY: 48 HOURS *****

I hereby authorize the use of the above credit card for the amount stated as evidenced by my signature below.

Cardholder Signature _____

Please fill in all the applicable information and include a clear photocopy of the front and back of the credit card. Please return a signed copy by fax to 906-643-6946 or by email reservations@harbourpointe.com.