



Safari Motor Inn
61959 29 Palms Highway
Joshua Tree, California 92252 USA
Tel: 1-866-313-1333
Fax: 1-760-366-2146

Credit Card Authorization

Date: _____ Contact Phone Number: _____

Authorized Person's Full Name:

First: _____ Last: _____

Authorized Person's Company Name: _____

Reservation Dates:

Check-In: _____ Check-Out: _____

Number of Nights: _____ Number of Adults: _____ Number of Children: _____

Number of Rooms With: Single Beds: _____ Two Beds: _____ Total Guests: _____

Credit Card Information:

Name Printed On Card: _____

Billing Address: _____

City: _____ State/Province: _____

Billing Zip/Postal Code: _____ Country: _____

Card Type: _____

Card Number: _____

Expiration: _____ SVN: _____

(Number Above Signature Line)

Please fax this completed form to (1) (760) 366-2146

I hereby authorize Safari Motor Inn to charge my credit card the amount of \$ _____ written _____ dollars and cents, for the above reservation. I understand that all reservations are subject to our terms and conditions and require a (72) hour advance cancellation notice for refund. I have read and agree to the above terms and conditions.

Signature: _____ Date: _____



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Authorized Persons List

Please list the names of all guests that will be staying for the above reservation:

Name:

01. _____
02. _____
03. _____
04. _____
05. _____
06. _____
08. _____
09. _____
10. _____
11. _____
12. _____
13. _____
14. _____