

## **DEPOSIT & PAYMENT AGREEMENT**

**GUEST NAME:** DATES OF STAY:

## **CARDHOLDER'S INFORMATION**

I authorize Villagio Inn & Spa to use the following credit card for payments.

☐ American Express	□ Diners	□ Discove	er [	☐ Mastercard ☐ Visa
Name Listed on Card				
Card Number				Expiration Date
CVV Code				
Mailing Address				
City		:	State_	Zip
Phone		Fax		
E-Mail Address				
Cardholder's Signature				