



**Credit Card Form**

If you wish to use a credit card, please provide the following information (2% Admin. Fee per transaction.)

Name on Credit card:

\_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Type of Credit Card:** Master Card / Visa

Credit Card Number \_\_\_\_\_ CID# \_\_\_\_\_ (3 digits back of card)

Exp date \_\_\_\_\_

I herby give permission to charge my credit card for the amounts below. By Signing Below, I agree to all terms and conditions of this agreement.

Total rent amount: \$ \_\_\_\_\_

Tax (5.5%): \$ \_\_\_\_\_

Cleaning Fee: \$ 65

Security Deposit\*: \$ 500

Administration Fee (2%) \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

\*Cancellations that are made more than forty-five (45) days prior to the arrival date will incur no penalty. Cancellations or changes that result in a shortened stay, that are made within forty-five (45) days of the arrival date, forfeit the full advance payment of the security/reservation deposit.

Signature \_\_\_\_\_ date \_\_\_\_\_

Print Name \_\_\_\_\_ date \_\_\_\_\_

**\*\* PLEASE SEND A PHOTO COPY OF YOUR DRIVER LICENCE OR ID ALSO \*\***

**Please send it :**

Fax: 602-337-8464 | Email: [info@rockypointlp.com](mailto:info@rockypointlp.com) | 26836 N 89<sup>th</sup> Dr Peoria, AZ 85383