

## Credit Card Authorization Form

Date: \_\_\_\_\_

**Sawmill Creek Resort**

400 Sawmill Creek  
Huron, OH 44839  
Phone: 419/433-3800  
FAX: 419/433-2761

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**GROUP OR CONVENTION INFORMATION**

Group Name: \_\_\_\_\_

Convention Name (if different): \_\_\_\_\_

Function Dates: \_\_\_\_\_

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I hereby authorize Sawmill Creek Resort to apply all charges incurred for above said function to the credit card number below:

(Circle One)      AMEX      MC      VISA      DISCOVER

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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**CARDHOLDER INFORMATION (Please Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_