

Short-Term Rental Guest Payment Authorization Form

Guest Information

Full Name

Email Address

Phone Number

Home Address

Reservation Details

Check-In Date

Check-Out Date

Property Address

Rental Amount

Payment Information

Cardholder Name

Card Number

Expiration Date

CVV

Billing Zip Code

Authorization & Signature

I hereby authorize the property owner/manager to charge my credit/debit card for the agreed-upon rental amount and any associated fees/damages in accordance with the rental agreement.

Signature

Date