WinMacDun Properties, LLC
Credit Card Authorization Form

Name:_____

Address:_____

Phone Number:_____

Arrival Date:_____

Departure Date:_____

Credit Card Type: _____

Credit Card Number:_____

Expiration Date:_____

3 Digit CSC:_____

Signature of Card Holder:_____

A LEGIBLE COPY OF THE CREDIT CARD, BOTH FRONT AND BACK, AND DRIVERS LICENSE MUST BE INCLUDED WITH THIS FORM.

PLEASE FAX TO 770-834-2920 OR EMAIL TO
WINMACDUNPROPERTIESLLC@YAHOO.COM