

**Dream Inn
Authorization Form**

PLEASE FILL OUT AND RETURN A.S.A.P.

Name _____ Address _____
City _____ State _____ Zip _____
Phone (home) _____ Phone(cell) _____
Fax _____ Email _____

Time of arrival at the Dream Inn on _____ TIME _____ (A.M./P.M.)
The Check in time is between 1PM and 6 PM on the date of your arrival. If you can not arrive between 1PM and 6PM prior arrangements MUST be made with the Dream Inn before 5pm the day of your arrival.

To authorize payment by credit card please complete the following
The deposit required is the total stay including tax of 12.5%.
I authorize a charge of \$ _____ to my credit card listed below as deposit for the Dream Inn in Daytona Beach Fl. For the dates of check in _____ check out _____
Name as it appears on card _____
card number if already given please
check _____ Exp. date _____

PLEASE READ AND SIGN

Reservation deposit is non-refundable 30 days prior to arrival for any reason. For changes or cancellations, written notice must be received 30 days prior to arrival date for refund of deposit. For changes or cancellations written notice must be received 30 days prior to arrival. A reservation requires a deposit of the total amount due to confirm the dates reserved for you. Only Reservations guaranteed with advance deposit will be held until 6p.m. of the scheduled arrival date (no later). Cancellation policy is as stated no exceptions for any reason. Credit card holders authorize release of credit card number for the explicit use of a reservation guarantee (not a hold). It is understood by the card holder that the account will be charged for the deposit of the reservation any change or cancellation. There is a cancellation fee of 10% for reservations canceled before 30 days before your arrival for special events or holidays. Early departure for any reason will result in forfeiture of deposit of any remaining credit balance.

The above information is correct. I have read and fully understand the Dream Inn's deposit cancellation and change policies as described below. I agree to pay the above total amount in accordance with card issuer agreement. I acknowledge financial responsibility for any loss or damages caused to the Dream Inn. A charge may be assessed if the unit requires excessive cleaning upon departure.

SIGNATURE _____ *DATE* _____

Please fax completed form to 386-767-7778 or mail to 3217 S Atlantic Ave. Daytona Beach Shores Fl 32118. Call 1-800-767-9738 or 386-767-2821 or email vacation@dreaminn.com if you have any questions