CENTRAL HOUSE

FAMILY RESORT

Company Credit Card Authorization

I authorize Central House Resort to use the following credit card to pay room and tax or conference charges for the company listed:

Block/GroupName: Pennsylvania State Association of County Auditors

County:_____

Auditors:_____ _____ _____

Number of rooms needed:_____

Types of rooms needed:_____ _____ _____

Contact person for making and canceling reservations:

_____ Phone #_____

Email:_____

Credit Card #_____Ex Date_____

Cardholder name:_____

Signature:_____ Date:_____

Please email a receipt at check out to:_____

Attention:

P.O. BOX 36 • BEACH LAKE, PA 18405 • 570-729-7411 • chresort@ptd.net