

Legacy Vacation Resorts

Post Office Box 690999 Orlando, FL 32869-0999 Reservations Fax: 407-997-3069 Reservations: 1-866-507-1428

E-mail: rentalsalesteam@legacyvacationclub.com

Cardholder Name:		
Credit Card Type:		
Credit Card Number:		
Expiration Date:		
CVV #:		
Amount of charge:		
Reservation Name & Number:		
Comments:	Resort Fee? Yes No	` '
	Security Deposit? Yes *Security Deposit will be used for any da	No (CIrcle one) amages to unit, or incidental charges the guest may incur.
I authorize Legacy Vacation Resorts to charge the above card for the amount shown.		
Signature:		Date:

Please return this form to Legacy Vacation Resorts Reservations with your signature, by fax or e-mail scan in order to validate your purchase.

Please be sure to include a clear and legible copy of the card holder's Identification Card or Driver's License with this form, and any details on the form in the comments portion, such as: Room and Tax, Resort Fees, Security Deposit. Etc. Please understand that if you are approving us to use the Credit Card on the Authorization Form for the Security Deposit, you will be responsible for any damages to the unit or incidental charges the guest may incur during their stay with us.

Thank you again for choosing Legacy Vacation Resorts. If you have any questions, please feel free to contact Reservations at 1-866-507-1428 or visit us online at www.LegacyVacationResorts.com.

Sincerely,

Legacy Vacation Resorts Toll Free: 1-866-507-1428

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