

Group Name: \_\_\_\_\_

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### **Credit Card Guarantee of Payment Form:**

Please complete the form in its entirety and include all requested documentation to ensure safe and rapid handling of your request. This credit card guarantee of payment form is valid for the individual group business/ reservation(s) listed below.

**Today's Date:**

<b>Name:</b>		
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>Telephone:</b>		
<b>Email:</b>		
<b>Credit Card Number:</b>		
<b>Expiration Date:</b>		<b>CVV:</b>
<b>Cardholder Signature:</b>		

Send to:  
Email: [aluttrell@reynoldslakeoconee.com](mailto:aluttrell@reynoldslakeoconee.com)

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