

Credit Card Authorization



Fax #: 831-423-1159

CREDIT CARD AGREEMENT

Name of Card holder : _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (____) ____ - ____ x ____

Fax: (____) ____ - ____ x ____ E-mail: _____

I authorize use of my credit card to secure payment for the above function/event on _____. The hotel will copy the front and back of my credit card and receive approval for the full amount of the estimated charges at anytime but no later than 3 Business days (M-F) prior to my function. I understand that failure to settle my account at the conclusion of the event will result in an actual charge posting to my credit card. If payment occurs with other means, the hotel will release the hold on my credit card. There Will be a \$5.00 Service charge for this reservation Please send a copy of the front and back of the credit card, as well as a copy of your state issued ID.

Card Holder Name: _____ Signature: _____

CC# _____ Expiration Date: ____/____/____ CVC: _____
3 digit code back of card

Type: (credit card or debit card) _____ CC BILLING ZIP CODE: _____

Authorized representatives permitted to incur and sign for charges for the account listed above:

NAME	CREDIT LIMIT	NAME	CREDIT LIMIT
_____	\$ _____	_____	\$ _____
_____	\$ _____	DEPOSIT	\$ \$250.00

Authorization applies to event dated: ____/____/____ through date ____/____/____

Account accepts responsibility for the following charges: (mark all that apply)

- All Restaurant Lounge Laundry Room Service
 Movies Telephone Banquets Cocktails Guest Room & Tax
 Audio Visual

For Office use only

Sales Representative: _____ Estimated Revenue: \$ _____