



## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the SeaVenture Beach Hotel to use my credit card to process the charges for:

Guest Name: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

The charges that may be billed to my credit card are as follows:

- Room and Tax, Facility Fee (\$11.22/nightly) \$ \_\_\_\_\_
- Specific Dollar Amount \$ \_\_\_\_\_
- Food and Beverages
- Anything up to Maximum Limit, \$ \_\_\_\_\_
- Incidentals/Security Deposit
- No Limit
- Other \$ \_\_\_\_\_ for: \_\_\_\_\_  
(ie: Massages, gift shop, reservation add-on's, wine, flowers, etc- please specify)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID # (3 or 4 numbers located on back of card) \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

**\*\*\* IMPORTANT: You must include a photo copy of your Credit Card and Photo ID with completed form for validation\*\*\***

Do you require the rate to be made confidential from the guest? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a final receipt sent to you after check out? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Contact information:

\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**SeaVenture Beach Hotel**

**Phone: 805-773-4994**

**Fax: 805-773-0924**

**E-mail: [Reservations@seaventure.com](mailto:Reservations@seaventure.com)**

100 Ocean View Avenue, Pismo Beach, CA 93449. 805-773-4994