



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 (\$22.65/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 FAX YOUR COMPLETED FORM TO:

SeaVenture Beach Hotel
Fax: 805-773-0924

FOR YOUR SECURITY, DO NOT SEND THIS FORM AS AN EMAIL ATTACHMENT.

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