



Email to oceanainn@yahoo.com or fax to 831.426.1126

Authorization to Charge Credit Card

Please fill out the following information and fax or email a photocopy of ID and Credit Card

Date: _____ Name of Comp or Organization _____

Attention _____ Title: _____

Address: _____

Telephone _____ Fax: _____

THIS SERVES AS MY AUTHORIZATION TO PLACE CHARGES ON MY CREDIT CARD

Mark One: AMEX VISA MC DISC DINERS/CARTE

Credit Card Number: _____ Exp _____

Cardholders Name as Printed on Card: _____

I WILL ALLOW THE FOLLOWING CHARGES TO BE BILLED TO ME ON THE ABOVE CREDIT CARD: (CHECK ALL THAT APPLY): ALL CHARGES ROOM AND TAX PHONE CALLS

FAX CHARGES

+THE PERSON WHOM THESE CHARGES CAN BE APPLIED TO IS:

Print Name: _____ Reservation # _____

Arrival Date _____ Check out date _____

Sign Below:

Would you like to keep this info on file for 6 months as a recurring guest: Yes or No

NOTE: IN ORDER FOR THIS AUTHORIZATION TO BE VALID, IT IS NECESSARY TO SEND A COPY OF YOUR DRIVERS LICENSE OR ID AND A COPY, FRONT AND BACK OF YOUR CREDIT CARD USED ON THIS AUTHORIZATION IN ORDER WITH THIS FORM.