



Credit Card Authorization Payment Agreement – Please Allow 24 Hours to Process

Card Holder’s Information: (Please Print Legibly)

Name: _____ Company: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone:(____) _____ Fax:(____) _____

LAST FOUR DIGITS OF CREDIT CARD # _____ **Expiration Date:** _____

Hotel will call cardholder at phone number above to get additional credit card information needed.

GUEST INFORMATION:

Name of Guest/Group	Confirmation Number	Date(s) of Stay
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, hereby authorize **Shore Hotel, Ocean View Hotel or Santa Monica Motel** to use the above credit card for the following purposes:

- Room and Tax
- Room Tax and Destination Fee ONLY
- All Charges (room, tax, destination fee, parking & incidentals PLUS \$50/day for Incidentals).
- Guarantee Incidentals
- Parking
- Banquet Charges
- Other, specify: _____

Authorized Card Holder Signature: _____ Date: _____

Please complete this form and fax to 310.943.1504, along with a clear copy of both sides of the credit card and a copy of the cardholder’s Driver’s License or Identification Card. Due to PCI Compliance, please do not scan and email this form.

ALL THREE ITEMS MUST BE RECEIVED OR THE FORM WILL NOT BE PROCESSED



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___ ADDRESS CHECK ___ 4 DIGIT CHECK ___ SIG CHECK ___ MGR APPORVAL