



## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Sea Rock Inn, to charge my credit card account in the amount not to exceed: \$\_\_\_\_\_

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

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Number of days \_\_\_\_\_ or weeks \_\_\_\_\_

Number of rooms: \_\_\_\_\_

( ) VISA                      ( ) MasterCard                      ( ) American Express                      ( ) Discover

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

Expiration Date: \_\_\_\_ / \_\_\_\_                      Security Code: \_\_\_\_\_

**Credit Card Billing Address:**

Name on the Credit Card: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

As the credit card holder, I hereby authorize Sea Rock Inn to charge my credit card for the above amount. I certify that all information is complete and accurate. There are no refunds or cancellations.

I certify that I am the authorized signer of the credit card listed above.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Required:** Along with this signed Authorization form, Please fax

- Photo copy of front and back side of the credit card
- Photo copy of driver license or government issued ID