



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 the **Ocean View Hotel** to use the above credit card for the following purposes (choose one):

- Room Tax and Destination Fee ONLY (guest will need to present valid ID and CC to cover incidental charges {incidental authorization is \$200 per stay}).
- All Charges (room, tax, destination fee, parking & incidental charges {incidental authorization is \$200 per stay}).
- Guarantee Incidentals (if room has already been paid)
- Parking
- Other, specify: _____

Authorized Card Holder Signature: _____ Date: _____

Please complete this form and fax to 310.458.0848, along with a clear copy of both sides of the credit card and a copy of the cardholder’s government I.D. and/or passport. 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



____ ADDRESS CHECK ____ 4 DIGIT CHECK ____ SIG CHECK ____ MGR APPORVAL