



Credit Card Authorization Form

Attention: _____ Fax: _____

PLEASE RETURN TO: (949) 720-1718

I understand that upon Island Hotel receiving this credit card authorization form, my credit card will be charged full room rate and tax or the specified dollar amount that I have indicated. This authorization form does not change or negate the individual reservation booking terms and conditions of the reservation cancellation policy and/or no show charges.

<u>Guest Names</u>	<u>Arrival Date</u>	<u>Departure Date</u>	<u>Daily Rate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check one:

All Charges (Room & Tax and all incidentals) Not to exceed _____ Incidentals will include Food & Beverage, Phone Calls, Gift Shop, Spa & Golf

Room and Tax only for a total amount of \$ _____

Other Charges (Please Specify) _____

Type of Credit Card

Master Card Visa American Express Discover Diners Card JCB Card

******ALL BELOW DATA MUST BE FILLED OUT IN ITS ENTIRETY FOR VERIFICATION PURPOSES******

Card Number _____ Expiration Date _____

Name of Card Holder _____

Billing Address _____

Daytime Phone _____ Evening Phone _____

Signature of Card Holder _____

(Please Check for emailed receipt) email: _____

*****Internal use only*****

Reservations Agent _____ Date _____

Reservations Manager or Assistant Manager: _____

CC: Credit Mgr

UPON GUEST ARRIVAL PHOTO ID WILL BE REQUIRED

****At time of receipt of this authorization, your credit card will be charged as indicated above****