

**CREDIT CARD AUTHORIZATION FORM**



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please note completed forms can only be accepted by return fax. Please do not e-mail credit card information.

**Please fax the completed form to 345-949-6699**

**Cardholder Information-Required**

Name as it appears on the credit card: \_\_\_\_\_

Card type:  Visa  MC  AMEX

Account type:  Individual (personal credit card)

Corporate | Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(where statement is mailed)

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Please kindly ensure the Credit Card is signed by cardholder, copies of front & back of the Credit Card and cardholders ID are required as a must to process the charge.***

**Guest Information - Required**

Guest name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Confirmation number: \_\_\_\_\_

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

Relation to cardholder: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Rate Information and Approved Charges- Required**

Room rate: \* \_\_\_\_\_ Taxes: \* \_\_\_\_\_ Total daily rate: \* \_\_\_\_\_ Number of nights: \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges  All nights (Room, Tax, Service & Resort Charge)  One Night Deposit  Resort Charge

Valet (Laundry)  Restaurant  Telephone (LD)  Telephone (Local)

Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **Sunshine Suites Resort** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_