



Credit Card Authorization Form

Email to: kami@seahavenbeach.com

Toll Free: 888-607-0006

Local: 850-636-6552

www.seahavenbeach.com

Reservation Information

Reservation Name: _____

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

Credit Card Information

Name of Cardholder: _____ (as it appears on the card)

Billing Address: _____

Dollar amount to charge: _____

Visa _____ Master Card _____ Amex _____ Discover _____

Credit Card Number: _____

Expiration Date: _____

CSC Number: _____ (found on the front of Amex and on the back of Visa and MasterCard)

I certify that I am the authorized card holder of record and that I have full authority to make purchases on behalf of the account listed above.

Signature of the card holder: _____, Date _____

Please provide a clear copy of your signed credit card front and back along with the cardholder's driver license.