



Credit Card Authorization Form – Please Allow 24 Hours to Process

GUEST’S INFORMATION:

Name of Guest(s): _____
Phone number of guest: _____ Email: _____

PAYMENT INFORMATION: (all fields must be complete to process payment)

Card Holder Name: _____

Last Four Numbers of the Credit Card: _____

Expiration Date: _____ Security Code (CSV) : _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

I, _____, hereby authorize Shore Hotel, Ocean View Hotel, or Santa Monica Motel Santa Monica to use the above credit card for the following purposes:

- Room and Tax
- Room Tax and Destination Fee
- All Charges (room, tax, destination fee and incidentals)
- Guarantee Only
- Other, specify: _____

Authorized Signature: _____ Date: _____

Due to PCI Compliance, we do require you to fax a picture of the credit card to verify the card. Also, please do not scan and email this form. Please complete this form in full and fax to 310.943.1504, along with a clear copy of both sides of the credit card to be charges and a copy of the cardholder’s photo ID

ALL THREE ITEMS MUST BE RECEIVED OR THE FORM WILL NOT BE PROCESSED



P:\Forms\Credit Card Authorization Form
____ ADDRESS CHECK ____ 4 DIGIT CHECK ____ SIG CHECK ____ MGR APPORVAL