



**Credit Card Authorization Form**

Date: \_\_\_\_\_

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

Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Card (circle):    Visa    MasterCard    American Express    Other: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Guest(s): \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Shore Hotel to use the above credit card for the

following purposes:

- \_\_\_\_\_ Room and Tax
- \_\_\_\_\_ All Charges (room, tax, incidentals, parking)
- \_\_\_\_\_ Guarantee Only
- \_\_\_\_\_ Other, specify: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax back the following to our accounting department at **310.943.1504** or email to [info@oceanviewsantamonica.com](mailto:info@oceanviewsantamonica.com)

1. completed credit card authorization form
2. front and back copy of the card
3. valid government identification

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

Ocean View Hotel  
1447 Ocean Avenue  
Santa Monica, CA 90401  
[www.oceanviewsantamonica.com](http://www.oceanviewsantamonica.com)