Credit Card Authorization Form Instruction Sheet

The attached document is our Credit Card Authorization form, and below are the instructions for completing the form:

1. We ask that you clearly fill in all the blanks on the Credit Card Authorization form. Each item is required for payment processing.

2. Please be sure to indicate the specific charges to be placed on the credit card.

3. We also kindly ask that you provide **a clear copy of a valid State issued ID such as a driver's license.**

4. Please **send a legible copy of both the front and the back of the credit card.** We ask that both the account number and credit card signature be clear. (For additional security please **do not** send state issued identification on the same page with the credit card copy).

5. Once you have filled out the below form, please fax the form **with copy of the credit card and state issued ID** to Palms Resort at 843-448-1950.

6. In the event that the resort cannot process the payment, and the point of contact on the credit card authorization form cannot be contacted, your resort guest will be charged upon arrival. Any guests without payment will not be permitted to check-in the Resorts.

7. If you should have any questions, please contact our Front Office Manager at 843-626-8334.

Credit information is collected for the purposes of account settlement. Information is kept secure and confidential and will not be disclosed to third parties without your consent or as required by law.

AUTHORIZATION TO CHARGE CREDIT CARD

CONFIRMATION #:_____ **GUEST NAME:** _____

ARRIVAL DATE:_____ **DEPARTURE DATE:** _____

NAME OF CARDHOLDER: _____

BILLING ADDRESS: _____

_____

PHONE / FAX NUMBER :_____ **/** _____

EMAIL ADDRESS: _____

PAYMENT TYPE: CREDIT CARD* **D** DEBIT CARD **D** PRE-PAID CARD **D**

CARD TYPE: VISA **D** MASTERCARD **D** AMEX **D** DISCOVER **D**

LAST (5) DIGITS OF CARD NUMBER:_____ **EXPIRATION DATE:** _____

Please use the card to pay for the charge(s) listed below:

- **D** **All Charges**
- **D** **Room and Tax Only**
- **D** **Room and Tax + Add'l Credit (please specify) $** _____
- **D** **Specific Dollar Amt (please specify) $** _____

I authorize the_____**Resort to bill my credit card in advance to pay for the above specified charges. I agree to pay the above charges related to the above guest pursuant to card issuer agreement.** **A 2.5% convenience fee will be added for credit card payments; however this fee is waived for debit/pre- paid card payments.*

Card Holder's Signature: _____

For Office Use Only

Date: Approval code:

Processed by: Amount: