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CREDIT CARD AUTHORIZATION

	understand that by signing this document I am authoring oom rent and taxes to my credit card. I also understand that any my group may be charged to my credit card.
CREDIT CARD HOLDER	
Name:	
Address:	
Contact#:	
Card#:	Expiration:
Signature:	
Date:	
	your credit card and a copy of your driver's license. Request dit card copies are not received prior to guest check in and or
I agree to pay for phone charges; Yes or No	_
I agree to pay for Fax charges: Yes or No	
This credit card applies as follows	
Open Credit Card Yes or No	
ONLY for Reservation #	
Date of Arrival:	
Total Amount:	