



**HARBORSIDE INN**  
**CREDIT CARD AUTHORIZATION FORM**

**GROUP/GUEST INFORMATION**

Group/Guest Name: \_\_\_\_\_

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

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

Group/Guest Contact: \_\_\_\_\_

Group/Guest Arrival Date: \_\_\_\_\_ Group/Guest Departure Date: \_\_\_\_\_

**AUTHORIZED USE OF CARD**

PLEASE CHECK ALL THAT APPLY (**REQUIRED**). ESTIMATED \$ AMOUNT WILL BE CHARGED PER CONTRACT TERMS.

- All Charges to Credit Card  
 Room and Tax to Credit Card  
 Other

Other Explanation:

**CREDIT CARD INFORMATION**

\_\_\_ American Express    \_\_\_ Discover Card    \_\_\_ Visa Card    \_\_\_ Master Card

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholders name: \_\_\_\_\_ CVV#: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signature Required