



CREDIT CARD AUTHORIZATION

DATE: _____

ATTN: BEACH CAROUSEL
1300 PACIFIC AVE.
VIRGINIA BEACH, VA 23451
(P) 757-425-1700
(F) 757-425-6650

This is to confirm that _____ is authorized to use my
(Guest Name)
Credit card payment of their charges while staying at the Beach Carousel, Virginia Beach.

Arrival Date: _____ Departure Date: _____

Credit Card Type:

_____ MasterCard

_____ Visa

_____ American Express

_____ Discover

CARD HOLDERS NAME: _____

CREDIT CARD NO: _____

EXPIRATION DATE: _____

Please fax a photocopy of the FRONT and Back of your credit card as well as a copy of your drivers license with this authorization form. If all copies are not received we will not be able to process your request.

Please call me at _____ if you have any questions. I understand that I
(Credit card holder)
am responsible for all charges incurred on this account.

CARDHOLDERS SIGNATURE: _____

CARDHOLDERS NAME PRINTED: _____