



CREDIT CARD AUTHORIZATION FORM

This is an authorization for the Sheraton Oceanfront Hotel to apply the guest charges to the credit card listed below. After signing, the card holder assumes the total financial liability, as described for all applicable charges.

APPLICABLE CHARGES PLEASE MARK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> All Charges | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Room & tax for sleeping rooms | <input type="checkbox"/> Local Phone |
| <input type="checkbox"/> Incidental charges for sleeping rooms | <input type="checkbox"/> Long Distance Phone |
| <input type="checkbox"/> All food & beverage | <input type="checkbox"/> In Room Movies |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Amenity | <input type="checkbox"/> |

Please describe any special instructions for the hotel: _____

PLEASE PRINT THE NAMES, ARRIVAL DATES, AND CONFIRMATION NUMBERS OF ALL GUESTS AUTHORIZED TO USE CREDIT CARD

NAME: _____ ARR. DATE: _____ CONF. # _____
NAME: _____ ARR. DATE: _____ CONF. # _____
NAME: _____ ARR. DATE: _____ CONF. # _____

{Please attach a manual credit card imprint to this form or fax to (757)-428-9246}

AMERICAN EXPRESS DISCOVER MASTERCARD VISA

CARD NUMBER:

CARD HOLDER AND AUTHORIZED SIGNATURE

PRINTED NAME

SIGNATURE

CARD HOLDER PHONE #:

BILLING ADDRESS: _____