

CREDIT CARD AUTHORIZATION

BEACH HOUSE RESORT

RESORT ADDRESS: 1 SOUTH FOREST BEACH DRIVE, HILTON HEAD ISLAND, SC 29928

MAILING ADDRESS: PO BOX 5976, HILTON HEAD ISLAND, SC 29938

RESORT PHONE: 843.785.5126

GUEST SERVICES FAX: 843.785.7753 · SALES FAX: 843.785.6678

GROUP / COMPANY / GUEST NAME & ACCOUNT / RESERVATION #:

ARRIVAL DATE:	DATE: DEPARTURE DATE:		
I,, re guest room(s) to be held at the BEACH authorized for the credit card	HOUSE RESC	DRT. I state that I am th	e primary card holder or am
*Note: If you are providing us with a debit ca taking the money out of the bank account eventually pay by another method, your bank bank account. By	nt. The credit will l ik may take up to	be posted to your hotel ac	count immediately, but if you also original charge, and credit the
I AM PROVIDING THE CREDIT CARD II	VFORMATION !	FOR THE FOLLOWING	<u>:</u>
For payment in full of any changes	s or additions ma	ade during the event.	
For a partial payment, in the amou	ınt of \$, to be applied to the	above reservation or account.
For full payment of the following e	xpenses incurre	d during the reservation	dates, as checked below:
PLEASE	CHARGE THE	CREDIT CARD FOR:	
Guest Room & Tax R On-Site Recreation Activities Other:	Beach	Rentals Ame	age Market Place enity Package
**Note: Resort accepts all major credit cards or greater will includ		credit card(s) payments fo % processing fee added to	
NAME ON CARD (PLEASE PRINT)			
CARD # / TYPE		CVV#	EXP DATE
AUTHORIZED SIGNATURE			

This authorization form <u>MUST</u> be faxed to one of the numbers listed above. If you don't have a fax machine, you may create a <u>free user account</u> through Fax Plus to send by fax. It's free, compliant, and easy to use. The link is https://app.fax.plus/login