



CREDIT CARD AUTHORIZATION

THE BEACH HOUSE RESORT
P.O. BOX 5976
HILTON HEAD ISLAND, SC 29938
PHONE 843.785.5126 SALES FAX 843.785.7753

GROUP/COMPANY NAME: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

I, _____, request that the below credit card be used for the stated function(s) or guest room(s) to be held at **THE BEACH HOUSE RESORT**. I state that I am the primary card holder or am authorized for the credit card account, and will pay all charges incurred as agreed upon.

*Note: If you are providing us with a debit card, our credit card authorization system captures these funds automatically – taking the money out of the bank account. The credit will be posted to your hotel account immediately, but if you eventually pay by another method, your bank may take up to ten (10) days to reverse this original charge, and credit the bank account. By signing below, you are authorizing this procedure.

Please initial the point below in understanding of the Beach House's payment and authorization process.

I AM PROVIDING THE CREDIT CARD INFORMATION FOR THE FOLLOWING:

_____ For payment in full of any changes or additions made during the event.

**Note: Resort accepts all major credit cards for payment. All credit card(s) payments for master accounts totaling \$1000 or greater will include an additional 3% processing fee added to the total.

TYPE OF CREDIT CARD _____ TODAY'S DATE _____
CARD NUMBER _____ EXPIRATION DATE _____
NAME ON CARD (PLEASE PRINT) _____
AUTHORIZED SIGNATURE _____

Email to: Shavonda.beckett@thebeachhousehi.com