

CREDIT CARD AUTHORIZATION FORM			
EVENT NAME:			
EVENT DATE(S):			
THIS FORM AUTHORIZES THE SONESTA RESORT TO POST CHARGES TO THIS CREDIT CARD WITHOUT THE CARD AND/OR CARD HOLDER BEING PRESENT			
CREDIT CARD TYPE:			
CREDIT CARD NUMBER:			
CREDIT CARD EXPIRATION DATE:			
CARD HOLDER'S NAME AS IT APPEARS ON CARD:			
SECURE ID:			
CARD HOLDER SIGNATURE:			
CARD HOLDER CONTACT INFORMATION:			
AMOUNT TO BE CHARGED NOW:			
AUTHORIZATION TO HOLD:			
ITEMS AUTHORIZED TO BE CHARGED TO CREDIT CARD			
Sleeping Room Charges			Non-Refundable Deposit
Restaurant Charges / Incidentals			Final Event Charges
Banquet Charges / Audio Visual			Other
Special Requests:			

130 Shipyard Drive, Hilton Head Island, SC 29928 Phone: 843-842-2400

FAX form to Hariday Payne at 843.842.6503

CC Accounting:_____