



## Individual/3rd Party Credit Card Authorization

Guest Name: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Arrival/Function Date(s): \_\_\_\_\_ Total Estimated Charges\*: \_\_\_\_\_

\*card will be authorized no less than 3 business days prior to event/stay

Estimated Room & Tax: \_\_\_\_\_ Incidentals: \_\_\_\_\_ Other: \_\_\_\_\_

### Bill To:

\_\_\_\_\_

\_\_\_ VISA \_\_\_ M/C \_\_\_ AMEX \_\_\_ DISCOVER

Credit Card Number: Last 4 digits only \_\_\_\_\_

\*full card number will be requested via phone number provided above.

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Issuing Bank Phone No: \_\_\_\_\_

Authorization: \_\_\_\_\_

Cardholder Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone Number:(    ) \_\_\_\_\_

Please fax to Sunset Inn at: **831-375-7573**

**Please attached image or copy of your credit card and your government-issued**





SUNSET INN

133 Asilomar Ave, Pacific Grove, CA 93950

***Please attach image or copy of your credit card and your government-issued identification with this form.***

