



**HAMMOCK BEACH™
RESORT**

PALM COAST FLORIDA

200 Ocean Crest Drive, Palm Coast, FL 32137

Tel (386) 246-5852 - FAX (386) 246-5855

****PLEASE CALL WHEN FAXING FORM, SO WE CAN CONFIRM RECEIPT!****

Due to an increase in credit card fraud and for the protection of the cardholder, we recommend this authorization form be sent to our secured facsimile number (listed above). This form must be completed in its entirety; failure to complete any of the following sections will result in non-approval.

Thank you for your business!

Credit Card Billing Information As It Appears on Your Account:

NAME: _____ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD TYPE: _____ CARD #: _____ EXPIRATION: _____ CVV#: _____

PHONE: _____ FAX: _____ EVENT/CHECK IN DATE(S): _____

NAME OF FUNCTION / EVENT / GROUP / INDIVIDUAL THIS FORM IS AUTHORIZING:

CHARGES PERMITTED TO BE BILLED TO CREDIT CARD:

ALL ROOM & TAX ONLY (Individual pays own incidental charges) ROOM & TAX & INCIDENTALS

FUNCTION CHARGES (Please specify):

NAME OF PERSON(S) AUTHORIZED TO MAKE CHANGES TO THIS EVENT AND THEIR ARRIVAL DATE:

1. _____ 2. _____

3. _____ 4. _____

SIGNATURE OF GUARANTEE:

I authorize the Hammock Beach Resort to charge the credit card as indicated above and for any outstanding balance not covered by my advance payment, in the event that charges are not completely settled upon conclusion. It is understood that the Cardholder is bound by the terms and conditions listed herein.

NAME: (Please print) _____ DATE: _____

SIGNATURE: _____

TITLE: _____