



501 S Ocean Ave, Cayucos, CA 93430

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CREDIT CARD AUTHORIZATION

I, _____ understand that by signing this document that I am authorizing Beachwalker Inn & Suites to charge room and tax to my credit card. I also understand that any incidental charges not taken care of by the individuals of my group may be charged to my credit card.

CREDIT CARD HOLDER

Name: _____

Address: _____

Cell Phone: _____

Card Number: _____

Expiration Date: _____

CVV Number: _____

Signature: _____

Please attach photocopies of the front and back of your credit card and a copy of your driver's license. Request to charge the credit card will not be processed if credit card copies are not received prior to guest check in and or arrival date.

Guest Name: _____

Reservation Number: _____

Total Amount: _____