



390 Ocean View Ave, Pismo Beach, CA 93449
Fax: (805) 773-4917 Email: pismomotel@gmail.com

CREDIT CARD AUTHORIZATION

I, _____ understand that by signing this document I am authoring Ocean Palm Motel in Pismo Beach to charge, room and tax to my credit card. I also understand that any incidental charges not taken care by the individuals of my group may be charged to my credit card.

CREDIT CARD HOLDER

Name: _____

Address: _____

Contact#: _____

Card#: _____ Expiration: _____

Signature: _____ Date: _____

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. (We don't accept American Express card.)

Guest Names _____

I agree to pay for phone charges: Yes ___ or No ___

This credit card applies as follows

Open Credit Card Yes ___ or No ___

ONLY for Reservation # _____

Date of Arrival _____

Total Amount: _____