

Long Beach Inn

2900 E. Pacific Coast Highway, Long Beach CA 90804

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www.hotellbinn.com

Credit Card Authorization Form

I, _____, hereby authorize Long Beach Inn Motel at 2900 E. Pacific Coast Hwy, Long Beach CA 90804, to charge my credit card account in the amount not to exceed: \$_____

Guest Name: _____

Arrival date: _____ Departure date: _____

Number of days _____ or weeks _____

Number of rooms: _____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Credit Card Billing Address:

Name on the Credit Card: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

As the credit card holder, I hereby authorize Long Beach Inn at Long Beach CA to charge my credit card for the above amount. I certify that all information is complete and accurate. There are no refunds or cancellations.

I certify that I am the authorized signer of the credit card listed above.

Cardholder's Signature

____/____/____
Date

Required: Along with this signed Authorization form, Please fax

- Photo copy of front and back side of the credit card
- Photo copy of driver license or government issued ID