

Pre-Purchase Credit Card Authorization

Date _____

From _____

To Doryman's Oceanfront Inn
2102 W. Oceanfront
Newport Beach, CA 92663

Company _____

Address _____

Email _____

Phone (949) 675-7300

Phone _____

Fax (949) 673-2101

Fax _____

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I, the undersigned, authorize **Doryman's Inn** to charge my Credit Card for the following purchase:

_____ Room and tax, Amount if applicable \$ _____

_____ Bottle(s) of Wine/Champagne, Bin# _____ Wine Name: _____ Price: _____

_____ Other, Describe _____

(Current tax rate will be added to all charges)

My credit card information is as follows:

Card # _____ Exp _____ CVC _____

Card Type Visa Master Card Amex Discover Diners

Card Holder Name _____ Card Holder Signature _____

(Please Print as it appears on the card)

Billing Address of Card _____

IMPORTANT: This form **Must Be** accompanied by a copy (front and back) of the credit card and a copy of the driver's license (front only) of the cardholder or the order will not be processed.

Email to info@21oceanfront.com or fax to 949-673-2101

Notecard Message for the Table

To: _____ From: _____

Message:
