

Doryman's Inn Pre-Purchase Credit Card Authorization

Date _____

From _____

To Doryman's 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 CHARGE AND ALL APPLICABLE TAXES SERVICE CHARGES IN THE AMOUNT OF

\$ _____ Date: _____ Name of Reservation: _____

Comments: _____

Email Completed Form to info@dorymansinn.com or fax to 949-673-2101

Notecard Message for the Room

To: _____ From: _____

Message:

I AUTHORIZE THE DORYMAN'S INN TO CHARGE MY CARD THE AMOUNT OF \$ _____

CARD TYPE: ___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

CARD _____ EXP _____ CVC _____

NAME ON CARD _____

BILLING ADDRESS _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____