

Doryman's Inn Pre-Purchase Credit Card Authorization

Date _____ From _____
To Doryman's Inn Company _____
2102 W. Oceanfront Address _____
Newport Beach, CA 92663 _____
Phone (949) 675-7300 Email _____
Fax (949) 673-2101 Phone _____
Fax _____

.....
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: _____

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@dorymansinn.com or fax to 949-673-2101