

133 ASILOMAR BLVD.
PACIFIC GROVE, CA 93950
(831) 375-3529 PHONE
(831) 375-3529 RESERVATIONS
(831) 375-7573 FAX



SUNSET INN

Dramatic views from the edge of the bay, the SunSet Inn offers spacious guest rooms with ocean view balconies featuring complimentary Wi-Fi as well as a delicious complimentary continental breakfast delivered to your guest room each morning. Enjoy our fabulous hot tubs and in room spa services too.

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 2-5 business days prior to the Check-In, or by specified date in Reservation/Event Contract, to ensure acceptance of the credit card to be charged.

*** PLEASE INCLUDE A PHOTOCOPY, FRONT AND BACK OF THE CREDIT CARD AND PICTURE ID ***

FAX COMPLETED FORM TO: 831-375-7573

ATTN: Front Desk Office

Guest / Group Name:		
Confirmation Number:		
Arrival Date:	Departure Date:	
Name of Person/Relationship to Card Holder:	Phone:	
Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:	Evening Telephone:	
Credit Card Number:	Expiration Date:	
Credit Card Type: (Circle one) Visa MasterCard American Express Discover JCB Diners Club Other: _____		
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle) All Charges Room & Tax Food & Beverage Retail Other: _____		
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____ Room Rate* _____ Taxes* _____ Total Daily Rate* _____ Number of Nights* _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY: _____ (For direct billing customers paying by credit card)		
Name on Invoice/Statement: _____	Date on Invoice/Statement: _____	
Invoice/Statement Number	Authorized Amount \$	

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, I certify that all information is complete and accurate. I hereby authorize the SUNSET INN to charge my credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. I further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____

HOTEL USE ONLY

Authorized Amount: _____

Approval Code: _____

Date: _____

PLEASE FAX (831) 375-7573 BACK THIS FORM TO SUNSET INN
www.sunsetinncottages.com