Third Party Credit Card Authorization

This form is designed to allow the use of your credit card for third party billing at Two Bunch Palms Resort & Spa. In order to ensure processing, all fields are mandatory. Please complete in full, follow any instructions and return by fax to (760) 329-1874.

In supplying your credit card for accommodation you are acknowledging financial responsibility for incidentals including, but not limited to room damages.

Accompanying this completed document you **must include** a legible photocopy of:

- **Front of Credit Card**
- **Back of Credit Card**
- **Valid ID including one of the following: Drivers License, passport or State ID**

Card Holder Information:

First and Last Name: _____
Name as it appears on Card: _____
Billing Address: _____
_____
_____
Contact Number: (_____) _____
Credit Card Number: _____ Expiration Date: ____/____
Accepted Cards Include: **Visa, MasterCard, American Express and Discover**

Guest Information:

First and Last Name: _____
Arrival Date: _____
Departure Date: _____
Relation to Card Holder: _____
Additional Guests Covered: _____
_____

This transaction is for (please circle):

Business Pleasure Both

Upon guest departure, please:

_____Give guest copy of the folio
_____Fax me a copy of the folio to (_____) _____
_____No folio needed

Please allow the use of my credit card for the following charges:

_____All Charges To a maximum of $_____
_____Room & Tax Only Charges To a maximum of $_____
_____Food & Beverage Charges To a maximum of $_____
_____Spa Charges To a maximum of $_____
_____Gratuities (Spa & Dining Room) To a maximum of $_____
_____Boutique Charges To a maximum of $_____
_____Incidental Charges To a maximum of $_____

Date:_____ **Signature:**_____