



GUEST BILLING AUTHORIZATION FORM

Guest Name: _____ Date: _____

Driver's License or Identification Card #: _____

Date of Birth: _____

Email Address: _____ Phone: _____

*A valid telephone number and email are required as we may need to contact you.

Unit Number(s) or Folio #(s): _____

Scheduled Arrival Date: _____ Scheduled Departure Date: _____

I hereby authorize the following charges to be applied to the following credit card.

- ◇ Room and All Applicable Taxes (does not apply to exchange guests)
- ◇ Guest Amenity in regard to Packages (golf, food, etc.)
- ◇ Repair of Damages Done to Property by Card Holder or their Guests (Guest(s) will be notified if damages are found)
- ◇ Cot, Crib, or Highchair Rental Not Prepaid
- ◇ A \$100 fee will be charged to the credit card number listed below if guest(s) lose their keys or lock them in the unit and on-call staff is dispatched after hours to assist the guest(s) in gaining entry to the unit(s). This fee is charged on a per incident basis.

Credit Card Information

Name on Credit Card: _____

Credit Card Type: VISA MasterCard Amex Discover

Credit Card Number: _____ Expiration Date: _____

CVV Code: _____ Billing ZIP Code or Postal Code: _____

*Any charges not paid by guest at check-out will be the responsibility of the credit card holder above.

By submitting this form, I confirm that I have read, understand, and agree to the use of personal information I am giving you. I authorize Vacation Club/Hawk's Eye Golf Resort to charge my credit card for the charges accrued for the services listed above.

Signature of Card Holder: _____ Current Date _____

All information is kept confidential and used only for the purposes as noted above.