



CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.

Directions:

Please fill out and print the blank form and complete the entire form legibly with a dark pen. Card holder must sign on the line indicated. We reserve the right to verify the provided information with your Credit Card Issuing Bank. Fax the completed form to (758) 452 9941 or scan and email to info@eastwinds.com

I, _____ hereby authorize East Winds Inn, to charge my credit card

Account in the amount of USD _____ for a deposit/full payment to secure my booking. I agree to be bounded by East Winds Policies, terms and conditions, and instructions for this transaction.

Arrival Date _____ Departure Date _____

Guest(s) Name (s) _____

Card Holder Name _____

Company _____

Billing Address _____

City _____ State _____ Zip Code _____

Country _____ PhoneNo. _____

Email: _____

Credit Card Information: CVV is the last 3 digits on the back of your card.

CVV: _____ Card Type: VISA _____ MASTER CARD _____

Credit Card Number: _____ Expiration Date _____

Signature: _____ Date: _____

