



Credit Card Authorization Form

4255 Ocean Blvd.
San Diego, CA 92109
Ph. 858-483-7440
Fax 858-273-9365

I, _____, authorize The Beach Cottages to charge my
credit/debit card # _____ - _____ - _____ - _____ Exp. _____ CVV _____

Billing Zip _____. Please apply my payment of \$ _____ to confirmation
_____ under the Guest Name: _____ .

The dates of the reservation are from _____ - _____ .

X _____ Date _____

*****In order to process this charge, we will also need a copy of both sides of your credit
card and your driver's license.*****

***Please be advised that the reservation holder is required to present a credit/debit card in their name at check-in for incidentals.

Please fax completed form to 858-273-9365

Thank you,

The Beach Cottages