

# Dry Dock Motel

50 LINCOLN AVE; SEASIDE HEIGHTS, NJ 08751 USA P: 732-793-6200 F: 732-793-0044  
www.shorebeachhouses.com email: drydockmotel@yahoo.com

## Credit/Debit Card Authorization Form

### CREDIT/DEBIT CARD INFORMATION

Name: \_\_\_\_\_ (as shown on CREDIT/DEBIT CARD)

Credit/Debit Card Type: VISA  MC  AMEX  DISC  OTHER

Credit/Debit Card No:

CCV:  (3 or 4 numbers on back or front of card.) Exp Date:  /

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder's cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

### BOOKING INFORMATION

Guest Name: \_\_\_\_\_

Check-in date : \_\_\_\_\_ Check-out date: \_\_\_\_\_

House(s) / Apartment(s) number: \_\_\_\_\_

Number of Guest(s): \_\_\_\_\_

**TOTAL CHARGE = \$**

By signing below I understand and acknowledge the charges above and hereby authorize **Dry Dock Motel** to charge my credit/debit card for the amount listed above for security deposit/payment of House(s)/Apartment(s). I hereby waive my right to dispute this charge. In case of cancellation security deposit as well as any payments are non-refundable.

**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_

**(SIGNATURE OF CARD HOLDER MUST BE SAME AS SHOWN ON CARD)**

**Please print the form, fill it completely & fax at 732-793-0044 or email us at drydockmotel@yahoo.com**

- All sections must be completed in this form.
- Please include a copy of credit card (Front & Back)
- Please include a copy of Driver's License or state ID card.
- A fax photocopy of this authorization shall be as valid as the original.
- Security deposit is additional to rent and refundable on check-out after inspection.