

Skyview Manor Motel

45 DUPONT AVE; SEASIDE HEIGHTS, NJ 08751 USA P: 732-793-6798 F: 732-830-0733
www.skyviewmanor.com email: skyviewmanormotel@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: _____

Number of Room(s): _____ 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 **Skyview Manor Motel** to charge my credit/debit card for the amount listed above for security deposit/payment of room(s)/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 732-830-0733 or email us at skyviewmanormotel@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.