



### Credit Card Authorization Form

Hotel: \_\_\_\_\_ Best Western Sea Island Inn \_\_\_\_\_

Individual/Reservation/Group or Event Name: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Arrival or Events  
Date(s): \_\_\_\_\_

Credit Card Billing  
Address: \_\_\_\_\_

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

Contact Telephone Number: \_\_\_\_\_

I hereby authorize the following charges to be applied to the following credit card.  
Check all that apply:

- Room and Tax
- Room and Incidentals
- Incidentals Only
- Group Deposit
- Other – see comments

I hereby authorize the following amount to be applied to the credit card (applicable sales tax and service charges may apply): \_\_\_\_\_

Comments:

**Please call the hotel directly to give full credit card number.**

Last four digits of credit card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on  
Card: \_\_\_\_\_

Signature of Card  
Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed form to: Best Western Sea Island Inn Fax Number 843-521-4858**

Each Best Western hotel is independently owned and operated.

Best Western Sea Island Inn  
1015 Bay Street  
Beaufort, South Carolina 29902  
843-522-2090 fax 843-521-4858