



## Guest Inquiry Form

Thank you for your inquiry about obtaining an invoice for your past stay. In order to protect the privacy of our guests, Best Western Sea Island Inn requires a written authorization from the guest on record or the person who paid for the charges associated with the guest room(s) prior to the release of information regardless if by return mail, e-mail or via facsimile. Inquiries from third parties (e.g. Administrative Assistants, co-workers or spouses) for guest information will not be responded to without the signed written authorization from the original guest or payor of the charges.

Please complete the information requested below, sign, and return this document to the postal address, fax number or e-mail address below. You will receive a response to your inquiry within two business days.

**Best Western Sea Island Inn**  
1015 Bay Street  
Beaufort, South Carolina 29902  
Fax: 843-521-4858  
Email: [gm@seaislandinn.com](mailto:gm@seaislandinn.com)

Hotel Name: \_\_\_\_\_

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

Payor Name(if different than Guest Name): \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Comments:

Method of Payment:     Cash         Check         Credit Card    Last 4 digits of CC: \_\_\_\_\_

\*For the security of your personal information, please do not include the full credit card number.

Please designate if you prefer an e-mail or faxed response:     E-Mail         Fax

Return E-Mail Address: \_\_\_\_\_

Return Fax Number: \_\_\_\_\_

hereby authorize that I am: (please check one of the boxes below)

The guest whose folio charges are being requested to be sent and authorize Best Western Sea Island Inn to release a copy of the folio information of my stay to the fax number, e-mail, or address indicated above.

The party who paid for or who is responsible for the charges in the requested folio and authorize Best Western Sea Island Inn to release a copy of the folio information of my stay to the fax number, e-mail, or address indicated above.

**Guest or Payor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Each Best Western Hotel is independently owned and operated.