



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