

# Seaside Inn Resort

2301 S Ocean Blvd  
 North Myrtle Beach, SC 29582  
 www.seasidemb.com

Dear Valued Customer,

It is our pleasure to work with you on an upcoming stay at the Seaside Resort. Please complete the information below and fax back to 843-417-1061 or email to [Vacation-Planner@SeasideMB.com](mailto:Vacation-Planner@SeasideMB.com) . Please note that this authorization is not considered valid unless we receive this form with a **legible front copy of the authorized user driver's license**. This helps to ensure that the amounts are authorized on approved credit cards.

If you have any questions, or we can be of any assistance, please contact us at 1-800-433-5710.

Sincerely,  
 Reservations

\* In case of an upcoming reservation the guest may use the credit card for any incidentals. Please initial: \_\_\_\_\_ Yes or \_\_\_\_\_ No

Credit Card Information	
Name as it appears on credit card	
Type of credit card (We accept; Visa, Mastercard, American Express, Discover and Diners Club)	
Last 4 digits of the credit card number	
Credit card expiration date	
Billing address for credit card holder	
Telephone number of card holder	
Relationship of card holder to guest	
Check-in Date	
Reservation number	
Name of guest	
Authorized amount	
Authorized amount covers (Please check ALL that apply)	<input type="checkbox"/> Deposit <input type="checkbox"/> Room <input type="checkbox"/> Room & Tax <input type="checkbox"/> Movies <input type="checkbox"/> Phone <input type="checkbox"/> Bar Charges <input type="checkbox"/> Green Fees <input type="checkbox"/> Carts <input type="checkbox"/> Shows <input type="checkbox"/> Bkfst <input type="checkbox"/> Conference Charges <input type="checkbox"/> Homeowner Hsk. Charges <input type="checkbox"/> Other: ( Please list): _____

Additional Comments or notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of credit card holder as it appears on the card. \_\_\_\_\_

Today's Date \_\_\_\_\_

