



## Credit Card Authorization Form

This form is required to allow Shores of Panama Resort to put expenses on your credit card. Please provide all the information requested below to ensure prompt processing of your application. Once completed please email to [reservations@shoresofpanama.com](mailto:reservations@shoresofpanama.com) with a copy of your ID and Credit Card front & back.

### **Cardholder Information**

Name as it appears on the credit card: \_\_\_\_\_

Card type:  Visa  MC  Amex  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Guest Information**

Guest name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

### **Rate Information & Approved Charges**

Authorized Charge Amount \$ \_\_\_\_\_

I certify that all above information is complete and accurate. I hereby authorize The Shores of Panama to collect payment for all charges as indicated by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_