



Credit Card Authorization Form

With my signature below, I hereby authorize GradCity Travel LLC or Breezes Bahamas to charge the credit card below if there are any damages to the traveler's room, damages by the traveler to the Breezes Bahamas property, or expenses incurred from violating the traveler agreement.

This form is required for resort check-in. This form must be printed and submitted to GradCity Travel LLC onsite staff at resort check-in.

CARDHOLDER INFORMATION

| | | |
|--|------------------|----------------|
| Name as it appears on the credit card: | | |
| Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover | | |
| Credit Card Number: | Expiration Date: | Security Code: |
| Phone Number: | | |

GUEST INFORMATION

Guest Name: _____ Phone Number: _____

Arrival Date: _____ Departure Date: _____

I certify that all the above information is complete and accurate. I hereby authorize GradCity Travel LLC or my hotel accommodation to collect payment if any damages are done by the above guest/traveler. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____