



Credit/Debit Card Authorization Form

With my signature below, I hereby authorize GradCity Travel LLC or Breezes Bahamas to charge the credit/debit 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 the GradCity Travel LLC onsite team at resort check-in.

CARDHOLDER INFORMATION

Name as it appears on the credit/debit card:		
Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Debit		
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/debit card listed above.

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____