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reservations@hawksbillresortantigua.com

Credit Card Authorization Form

Card Holder Name
Card Holder's Address
Card holder's Contact #
Contact Name
(If different from Card Holder)
Contact Number
(if different from Card Holder)
Name of Guest/Event /Group/Function
Date of Arrival Date of Departure
Card Type:Visa MasterCardAmex
Card # Expiry Date Security Code
MM/YYYY
Amount:
I the undersigned cardholder, hereby
authorise my Credit Card as listed above to be used as the method of payment for all
authorise my Credit Card as listed above to be used as the method of payment for all charges incurred for the above named Guest/Event/Group/Function.
charges incurred for the above named Guest/Event/Group/Function.
charges incurred for the above named Guest/Event/Group/Function.