

CREDIT CARD

AUTHORIZATION FORM

Honorific/Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Daytime Tel:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Date of Check In: (DD/MM/YY)	<input type="text"/>
Date of Check Out: (DD/MM/YY)	<input type="text"/>
CARDPAYMENT DETAILS	
Card Type:	<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMERICAN EXPRESS
Name on Card:	<input type="text"/>
Account Number:	<input type="text"/>
Expiration Date: (DD/MM/YY)	<input type="text"/>
Payment Amount: (ECD)	<input type="text"/>

DECLARATION

I hereby authorise North Shore Antigua to process payments for the above accommodation/restaurant charges upon checkout.

Signature: _____

Date: (DD/MM/YY) _____

NORTHSHORE Seaside Suites

Hodges Bay Road - Saint John - Antigua & Barbuda

info@northshoreantigua.com