



# CROWNE PLAZA® VENTURA BEACH

450 E Harbor Boulevard  
Ventura, CA 93001  
(805) 648-2100 hotel

## CREDIT CARD AUTHORIZATION

Card Holder's Name (as it appears on the card): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name (if different from above): \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

### GUEST INFORMATION

Guest's Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

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Guest's Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

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Guest's Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  
(check one)

- American Express
- Visa/MasterCard
- Diners Club/Carte Blanche
- Discover
- JBC

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

- Room & Tax Only
- Internet
- All Charges
- Parking
- All Incidentals

***A legible photocopy of the FRONT and BACK of the Credit Card & Photo ID along with this completed form must be faxed/emailed/mailed:***

CROWNE PLAZA VENTURA BEACH  
Attn: Front Desk  
450 E Harbor Blvd  
Ventura, CA 93001  
(805)653-6202 fax  
frontoffice@cpventura.com

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges indicated for the above named function(s) or night(s) stay.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_