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Credit Card Authorization Form

Reservation Information

Reservation Name: _____

Arrival Date: _____

Departure Date: _____

Confirmation Number: _____

Credit Card Information

(Credit card will be charged upon receipt of this authorization form)

____ Visa ____ MasterCard ____ Discover ____ American Express

Credit Card Number: _____

Expiration Date: _____

Security Code : _____
(3 numbers on back of card)

Please choose the dollar amount you would like us to charge:

_____ **ONE** night's room and tax

_____ **ALL** room and tax

_____ **OTHER** amount (please specify)

Cardholder's Name: _____

Cardholder's Signature: _____

Billing Address: _____

Telephone Number: _____

Please provide a clear copy of the front and back of your signed credit card along with the cardholder's driver's license when faxing this form back to us.