



Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US
All information will Remain Confidential

Account Information

Cardholder Name : _____

Billing Address: _____

Credit Card Type Visa Mastercard Discover Amex

Credit Card Number : _____/_____/_____/_____

Expiration Date : _____

Card Identification Number (last 3 digits located on the back of the credit card) _____

Authorization Agreement

Amount to Charge: \$..... (USD)

I authorize **Coco Resorts Inc** to charge the agreed amount listed above to my credit card provided herein, for charges incurred during my stay.

Signature

Authorized Signature : _____ Date: _____

Print Name _____

Signed off by: _____
(Manager)