



CREDIT CARD AGREEMENT FORM

I, _____, hereby authorize Hilton Rose Hall Beach
(Cardholder's Name)

Resort and Spa, to charge my _____
(Visa, MasterCard, American Express etc.)

Card Number: _____ Exp. Date: _____

The address that is on the file with the credit card company is:

My Telephone #: _____ My Fax #: _____

This card will be utilized for the following charges: (What you are paying for)

Total Due: _____ (How much you want to be charged)

Incurred by: _____ (You are paying for a service for whom?)

Arriving on: _____ Departing on: _____

Reservation/Confirmation # _____

- Please initial the type of charges that you would like us to place on your credit card and return to our attention via fax at 876-684-0202/05 or email at

along with a clear and legible photocopy of both sides of your credit card and a photo ID (Drivers License or Passport).

Thank you for your business!

X _____
CARD HOLDER'S SIGNATURE

Date: _____