

GalvestonIslandVacations

A DIVISION OF CHARNARE.COM

6602 SEAWALL BOULEVARD, GALVESTON, TX 77551
409.621.5900 FAX: 409.621.1703

This is the form to use to send us your authorization for use of your credit card. Please photocopy front and back of credit card and copy of your driver's license or other photo ID. **The credit card must be presented at check-in.**

RETURN

FAX TO: GALVESTON ISLAND VACATIONS, 409.621.1703

ATTN: _____, Reservations

DATE: _____

CREDIT CARD AUTHORIZATION

Confirmation #: _____ Name: _____

This is your written confirmation to allow a one time charge of \$ _____ to cover a deposit of 50% of the total cost of the reservation.

The remaining balance of \$ _____ is due at time of check-in.

We accept Visa and Master Card, cash or personal check, however, personal checks are not accepted at time of check-in.

Covering Stay of:

_____ arriving on _____
(Name of Guest Staying) (Arrival Date)

Signature: _____ Name: _____
(Printed)

Credit Card: _____

Card Number: _____ Expiration Date: _____

Name on the Card: _____ (Please Print)

Card Billing Address: _____

(Please Print)

PHOTOCOPIES REQUIRED:

Front & Back of Credit Card and Front & Back of Driver's License or other form of Photo ID

GalvestonIslandVacations

A DIVISION OF CHARNARE.COM

6602 Seawall Boulevard, Galveston, TX 77551
409.621.5900 • FAX: 409.621.1703