



CREDIT CARD AUTHORIZATION FORM

You may send by e-mail to reservations@esjbeachhotel.com

Also include Copy of the credit card (Front and Back) and driver's license or official ID.

Company / Agency Information / Card Holder Information

Company / Agency:	<i>Rafael García (Ray) & Jenny Lara Wedding</i>
Contact Name:	
Phone Number:	
E-mail Address:	
Signature:	

Guest Information

Arrival Date:	Departure Date:
Room Type: ☐ Deluxe Studio One King or Two Double Beds \$189	No. of Guests per Room:
Guest(s) Name(s):	Reservation Number:

Credit Card Information

☐ VISA ☐ MASTER CARD ☐ DISCOVER ☐ AMERICAN EXPRESS

I, (Mr. Mrs. Ms.) _____ authorize ESJ Beach Hotel to charge my credit card the following:

☐ Room ONLY ☐ Room & Tax ☐ Meals ☐ Miscellaneous ☐ Incidentals

Credit Card Number:	
Expiration Date:	
Security Code:	
Credit Card Holder:	
Authorized Signature:	

ESJ BEACH HOTEL • 6165 ISLA VERDE AVE, CAROLINA PUERTO RICO 00979
TELEPHONE: (787) 791-5151

