

Credit Card Authorization Form

Name of Cardho	lder
Email (requi	red)
Cardho	lder
Billing Add	ress
Home Ph	one
Work Ph	one
Arrival I	Date DD/MM/YYYY DD/MM/YYYY
Departure I	Date DD/MM/YYYY DD/MM/YYYY
Number of Nights	Stay
Number of Ac	lults
Number of Chile	dren Ages of Children
Room Cate	gory Tropical Yard Beachfront Beachrear
	Villa Deluxe Villa
1	(please print name), authorize
	each, to charge my credit card the amount of \$ as a
deposit to secure my	
	fail to give 28 days cancellation notice my deposit will not be refunded
unless the room is re	e-rented. (Please note: for reservations between December 21st and
January 5th, 45 days	notice of cancellation is required.)
Card Type	Visa Mastercard Amex Discover
Caral No.	
Card Number	
Expiry Date	MM/YY MM/YY
Signature of Cardholder	

Sebastian's on the Beach P.O. Box 441, Road Town Tortola, VG 1110

Phone: +1 (284) 495-4212 Toll Free: 800-336-4870

Email: info@sebastiansbvi.com Fax: +1 (284) 495-4466

Credit Card Reservations

If you would like to reserve your room with a credit card, (Visa, Mastercard, Discover or AMEX) you must complete and sign the section below and fax it to 284-495-4466 or mail it to Box 409, Cruz Bay, St John, US Virgin Islands.

YOU DO NOT HAVE A CONFIRMED RESERVATION UNTIL WE RECEIVE THIS SIGNED FORM

This will allow us to charge the deposit to your credit card. (You may submit credit card information when you submit the form.)

Fax Completed Form To +1 (284) 495-4466