



Credit Card Authorization Form

This form must be completed in order to allow Nomada Urban Beach Hostel charge expenses on your credit card. Please read carefully and complete the form providing the information requested below.

Card Holder Information

Card Type - AMEX - Discover - MasterCard - Visa

Cardholder's Name (as on card):	
Credit Card Number:	
Expiration Date:	Security Code (3 Digits):
Billing Address:	
State:	Postal Code:
Phone Number:	Email:

- Hostel Room, Tax (es), and Fee(s) ___ # Nights - Snacks and Beverages
 - Damages Fee - Other: _____
 \$ _____ (USD) US Dollars - **Total Amount to be Charged**

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for the amount and options indicated above, and do not provide authorization for any additional unrelated debits or credits to your account.

Authorized Signature _____

Date: _____

I authorize Nomada Urban Beach Hostel to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is, for the amount indicated above and/or any damages fee that the guest might incur during the stay. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Guest Information

Guest Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Arrival Date: _____ Departure Date: _____

Relationship with the card holder:

Work College Relative Friend Other:

I understand I will be responsible for any of other the expenses incurred on my stay or balances not authorized by the card holder. Also, I'm not authorized to do modifications and or extensions on the reservation. This form is only authorizing the departure date mention before and no extensions can be realized without a new form completed.

Guest Signature: _____ Date: _____

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for the amount and options indicated above, and do not provide authorization for any additional unrelated debits or credits to your account.

Authorized Signature _____ **Date:** _____