



Panama City Beach, FL

Phone: 888-627-0625 Fax: 866-706-0119

Email: info@bythesearesorts.com

LODGING CREDIT CARD AUTHORIZATION FORM

I, _____, authorize BY THE SEA RESORTS to charge my VS / MC / DS / AX, account # _____, with expiration date __/__/__, CVV2 code _____ and billing zip code _____ the amount of \$ _____, which is stay/deposit for ___ room(s) at a nightly rate of \$ _____ plus tax, arrival date __/__/__ and departure date __/__/__, under confirmation # _____.

I understand that BY THE SEA RESORTS enforces a 3 day cancellation policy meaning that my reservation must be cancelled no later than 3 days prior to my arrival date to receive a deposit refund minus a \$25 cancellation fee. I also acknowledge that guests between the ages of 18 and 25 are required to pay a refundable cash damage deposit of \$200 - \$600 (depending on the number of people in the room) at check-in.

A copy of my picture ID and my credit card follows for verification.
I may be reached at phone # _____.

Cardholder Signature _____ Date __/__/__