



For AR use Only

Received Date:
Authorized No:
Bill back No:
Sign & Return:

Credit Card Authorization Form

Contact: Mr. Jason Ellerbrook
Group Name: Lifeway Church Resources
Phone: 615-277-8117

I understand that full payment of event listed below must be received by the Edgewater Beach Resort by due date of July 17, 2008. In the event payment has not been delivered in full, I hereby authorize the Edgewater Beach Resort accounting office to release and charge my credit card for expenses incurred.

Credit Card Holder's Name: _____

Group Name: _____

Billing Address of Credit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Credit Card Number _____ Exp: _____

Credit Card Type: _____ Dates of Function: _____

Terms: _____ Rooms: _____ F&B: _____

Estimated Total: _____

Signature Date

Reservations are not confirmed until this form has been completed and returned back to the Edgewater Beach Resort Group Billing Office along with a legible copy of the credit card (front & back) and a copy of a valid Driver's License or State/Country Issued Identification (front & back). Credit Card holder and group contact are responsible for all billing. Any 2nd attempt payments must be presented in the form of a wire transfer-no credit card or company checks will be accepted.

Return this form along with all required information listed above to fax number: (850) 233-7599