

EDEN ROC

MIAMI BEACH

CREDIT CARD AUTHORIZATION

Guest Name: _____

Stay Dates: _____

I, (Cardholder name) _____ here by authorize
my credit card to secure payment for the charges listed below:

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> All Charges | <input type="checkbox"/> Café |
| <input type="checkbox"/> Room & Tax Only | <input type="checkbox"/> Room Service |
| <input type="checkbox"/> Incidental Charges | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Amenities | <input type="checkbox"/> Phone/Internet |
| <input type="checkbox"/> Floral | |

Other (Please specify) _____ Amount \$ _____ Date: _____

Credit Card Type:



Credit Card Information

Card holder name (please print): _____

Card number: _____ Expiration date: _____

Credit Card billing address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

By signing this Credit Card Authorization Form the CARDHOLDER represents and warrants to EDEN ROC MIAMI BEACH AND NOBU HOTEL MIAMI BEACH that he/she is authorized to make purchases and that the information set forth above is accurate and complete.

Cardholder
Signature _____

4525 Collins Avenue Miami Beach, FL 33140-3226

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