



149 Linden Avenue, Long Beach, CA 90802 / (562) 310-5848 / reservations@broadlindhotel.com

Guest Credit Card Authorization Form

***REQUIRED prior to arrival date. Email to reservations@broadlindhotel.com with copy of ID/Driver's License/Passport AND copy (front and back) of credit card on file.**

I, _____, hereby authorize the Broadlind Hotel to
Print Full First and Last Name

Charge the following credit card for:

- **Additional night stay with room, fees, and taxes included**
- **Incidentals (missing items in room or damage to property, no smoking/policy violation)**
- **Any additional requests (parking, beach towels, early checkin/late checkout, baggage holds, etc)**

Incurred by _____
Name of Guest(s) on reservation

Over the dates of _____
Arrival and Departure Dates

Type of Card: ☐ Amex | ☐ Visa | ☐ MasterCard | ☐ Discover
(Mark with an X)

Full Name on Credit Card (First, Last) _____

Credit Card # _____

Expiration Date _____ Security Code _____

Credit Card Authorization Form must be signed by the credit card holder*

Signature _____ Date _____

Billing Address _____

City _____ State _____ Zip _____

Email _____ Contact Phone _____

* For credit card holds, please allow up to 48 hours for funds to be released. For pre-paid reservations, cards will not be charged unless guest's requests additional night stays or services. Incidentals are not charged until checkout at room check for any missing or damaged made to the room and property.