



Plymouth Bay Inn & Suites Credit Card Authorization Form  
149 Main Street, Exit 9, Route 3 at No. Plymouth/Kingston  
Kingston, MA 02364  
FAX: 781.585.7928  
TOUCH: 781.585.3831

Please print and complete this form. Then fax or mail this form along with a copy of the front and back of your credit card to the hotel. When making copies it is suggested to turn your copier to its lightest setting. There is no need for a cover sheet.

Fax to: Plymouth Bay Inn & Suites Reservations 781.585.7928

From: Name \_\_\_\_\_

I \_\_\_\_\_ (print your name) authorize Plymouth Bay Inn & Suites to apply the charges of (print guest' name) \_\_\_\_\_ to my credit card.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Type of Room Requested: \_\_\_\_\_

Rate per Room: \_\_\_\_\_

**PLEASE INITIAL THE CHARGES YOU WISH TO APPLY TO YOUR CREDIT CARD**

Room & Tax: \_\_\_\_\_ Guest Incidentals: \_\_\_\_\_ All Charges: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Digit code on back of card: \_\_\_\_\_

On Visa/Master cards it is the three or four digit code on the back of the card. On American Express it is the number above your credit card number on the front of the card.

**Card Holders Billing**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your signature below will constitute a binding agreement for full payment for the above-specified accommodations.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date