

Clifden Associates, Inc.
Agent for
Bay Islands Beach Resort
1370 Old Wilmington Pike
West Chester, PA 19382-8211
1-800-4-ROATAN
Fax: 1-610-399-5265

**AUTHORIZATION FORM TO CHARGE A CREDIT CARD
FOR RESERVATION SERVICES**

Check Type of Card:

Novus/Discover MasterCard Visa American Express

Amount of Charge: \$ _____

Name As It Appears On Card: _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Billing Address: _____

Card Holder Home Phone: _____

Card Holder Work Phone: _____

Card Holder Cellular Phone: _____

I hereby authorize Clifden Associates, Inc., agent for Bay Islands Beach Resort ("Clifden") to charge the full amount entered above, and I agree to pay this amount according to the card issuer agreement. This credit card payment authorizes Clifden to reserve and pre-pay for travel services on my behalf. I acknowledge receipt of, and agree to, the Booking Policies and Procedures. By placing and paying for these reservations and services, Clifden has met its obligations and is entitled to payment in full.

Cardholder's Signature: _____

Date Signed: _____

For Office Use Only

Arr Date: _____ Rec'd CC Recept: _____ Dep Rec Date: _____

Dep Date: _____ Rec'd Ack Dep: _____ Pmt Due Date: _____