



# WARWICK

PARADISE ISLAND - BAHAMAS

## Credit Card Authorization Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

I, Hereby authorize Warwick Paradise Island Bahamas to charge the below credit card for the following services:

Room & Tax Charges: \_\_\_\_\_

Banquet Charges: \_\_\_\_\_

Incidentals Charges: \_\_\_\_\_

Audio/Visual Charges: \_\_\_\_\_

Day Passes \_\_\_\_\_

Guest /Group/Event Name: \_\_\_\_\_

Arrival /Function Date: \_\_\_\_\_

To Credit Card: Amex \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorize Amount: \$ \_\_\_\_\_

Print Name of Card Holder as it appears on Credit Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: A legible photocopy of the front and backside of your credit card and a copy of picture I.D must be affixed to this form for verification of your signature & credit card number. I agree that my liability for the charge will not be waived and agree to be held personally liable in the event that the credit card company fails to pay the full amount of the charges.

P.O. Box SS 6378, Nassau, Bahamas  
Telephone 242-363-2560 Fax: 242-363-1220

Attn: Room Reservations

Email: [res.wpib@warwickhotels.com](mailto:res.wpib@warwickhotels.com)