

ANCHOR MOTEL
145 SHERIDAN AVE
SEASIDE HEIGHTS, NJ 08751
PHONE: 732-793-9312 FAX: 732-793-7893

Authorization of Credit Card Transactions

I, _____ hereby authorize **ANCHOR MOTEL** located at **145 SHERIDAN AVE. SEASIDE HEIGHTS NJ 08751** to charge my credit card for the amount indicated below. I understand these charges are for the payment of services by the above referenced merchant.

Type of Credit Card: _____ CHECK IN: _____ CHECK OUT _____

Credit Card Account Number: _____

Charge Amount: \$ _____

Expiration Date: _____

Cardholder Name: _____

Billing Address: _____

City, State Zip: _____

Cell Number: _____ Email: _____

CVV Code (security code from back of card) _____

Please describe the services received by the cardholder: Accommodation _____

By signing below, I understand and acknowledge the charges described above. I also acknowledge payment in full is to be made when billed in accordance with the standard policy of the issuing bank. I hereby waive my right to dispute these charges.

Under the laws of the State of _____, I certify the foregoing is true and correct.

Cardholder Signature: _____

Date: _____

RESERVATION AND CANCELLATION POLICY

A reservation constitutes a two-way agreement between the Anchor Motel and you. It assures you that your accommodation will be kept available for you for all the dates indicated above, and it assures us that we can turn away all other potential guest for the dates indicated. Departure or Cancellation of a reservation before the agreed date would result in loss of revenue to us with little opportunity to recover the loss. For this reason, no portion of the deposit and original payment paid at check in can be refunded.

IT IS UNDERSTOOD THAT THE ANCHOR MOTEL CANNOT ACCEPT RESPONSIBILITY FOR INCLEMENT WEATHER, CHANGES IN TRAVEL PLANS, PERSONAL SICKNESS OR INJURIES, ETC.

PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE AND CREDIT CARD (FRONT AND BACK).