



Blue Water Motel

8600 Atlantic Avenue

Wildwood Crest NJ 08260 USA

Email: bluwatermotel@hotmail.com

Website: www.bluwatermotel.com

Telephone: 609-522-8340

Payment Card Authorization Form

Please complete this form in its entirety, include all requested documentation, and Email it to the hotel. This Payment Card Authorization Form is valid for the reservation listed below.

I, _____ authorize use of my payment card for FULL PAYMENT of the following:

Room & Tax including Incidentals

Room & Tax \$ _____

This reservation will be guaranteed to the payment card provided. In the event of a no show, the payment card will be charged Room & Tax.

CARD HOLDER INFORMATION	
First Name	
Last Name	
Billing Address: Street	
City	
State	
Zip	
Email Address	
Telephone #	

Credit/ Debit Card information	
Card Number	
Expiration Date	
Security Code-cvv	
Card holder signature	

Note: Please attach a legible copy of the cardholder's Driver License and the payment card front and back and completed form to email bluwatermotel@hotmail.com