



Credit Card Agreement Form

(Must be received before date(s) of activity)

I, _____, hereby authorize the **Dorado Beach Resort & Club** to charge my credit card. (**Submit copy of both sides of the guaranteeing credit card and positive identification**)

Name of Company: _____

Credit Card Holders Name: _____

Postal Address: _____

Town/City _____ . State / County / Province _____ .

Zip Code / Postal Code: _____ . Country: _____ .

Business Tel: (____) _____ . Fax (____) _____ . Home Tel: (____) _____ .

Dates of Activity: From _____ To _____

Credit Card:

Visa MasterCard

Number:

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Expiration Date:

		/		
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Please indicate specifically the services that will be charged to the above indicated credit card:

All Expenses Food & Beverage Service Charge

Room(s) Reservation Golf

Other _____
(please specify)

Card Holder's Signature

**Dorado Beach Resort & Club 100 Dorado Beach Drive, Suite 100, Dorado, P. R. 00646
Tel. 787-626-1001 / 796-1234 Fax. 787-626-1011**

The Caribbean Treasure...

KemperSports