

Executive & Sales Office
300 Pacific Street
Monterey, Ca 93940
Tel: (831) 373-5700
Fax: (831) 373-1655

Reservations Office
765 Wave Street
Monterey, Ca 93940
Tel: (800) 232-4141
Fax: (831) 373-4815

Hotel Pacific
300 Pacific Street
Monterey, Ca 93940
Tel: (800) 554-5542
Tel: (831) 373-5700
Fax: (831) 373-6921

Monterey Bay Inn
242 Cannery Row
Monterey, Ca 93940
Tel: (800) 424-6242
Tel: (831) 373-6242
Fax: (831) 373-7603

Seven Gables Inn
555 Ocean View Blvd
Pacific Grove, Ca 93950
Tel: (800) 841-1879
Tel: (831) 646-8900
Fax: (831) 646-5342

Spindrift Inn
652 Cannery Row
Monterey, Ca 93940
Tel: (800) 841-1879
Tel: (831) 646-8900
Fax: (831) 646-5342

Victorian Inn
487 Foam Street
Monterey, Ca 93940
Tel: (800) 232-4141
Tel: (831) 373-8000
Fax: (831) 373-4815

Credit Card Authorization Form

TODAY'S DATE: _____

ARRIVAL DATE FOR RESERVATION: _____
I _____, hereby authorize the Inns of Monterey to
use my credit card number to process charges for:
(Group Name) _____.

The charges to be billed to the credit card are as follows:

Room & Tax Only: _____

Room, Tax & Parking: _____

Meeting Room Charges: _____

Room, Tax, Parking, &
Incidentals: _____

For Guarantee Only: _____

*Credit cards provided for Guarantee are responsible for contractually agreed to attrition,
cancelations, and any balance remaining 30 days after final payment is due.*

Refund after contract terms are met Apply charge to Master Account

Credit card type: _____ Credit card number: _____

Expiration: _____ Name on Card (print): _____

Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Home Phone: _____

E-mail: _____

**** **VERY IMPORTANT** ****

**With this form, send or fax a copy of the ID and credit card showing the
number and the authorized signature to:**



Fax: 831-373-1655



300 Pacific Street
Monterey, CA 93940

For Office Use Only: _____ Group Number: _____

GTE Only: _____ Amount: _____

Charge Deposit: Y / N Date Posted: _____ Hotel: _____