KIMPTON®
hotels & restaurants

CREDIT CARD AUTHORIZATION

I, Antti Ruohonen, hereby authorize the **Surfcomber, a Kimpton Hotel,** to process the following credit card:

Group Name: ABB Meeting

Contact Name: Antti Ruohonen

Name on Credit Card (if different from above): _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

Email Address: _____

Authorized Signature: _____

Please Indicate Billing Instructions: (Check all that apply)

- ☐ Room and Tax Only
- ☐ Daily Resort Fee of $24 (including tax)
- ☐ Advance Deposit of $_____
- ☐ Banquets
- ☐ Audio Visual Only
- ☐ Incidentals Only
- ☐ Other (please specify): _____

***** Please note that if a different form of valid payment is not received at time of check-in, all charges will be applied to the above credit card.*****

Please complete this form and fax to the Surfcomber Front Desk at **305-532-7280.**
Please Include a copy of the cardholder's ID.