

FRANKLIN TERRACE MOTEL
50 FRANKLIN AVENUE
SEASIDE HEIGHTS, NJ 08751
Phone # (732)793-1177 Fax # (732)793-8350

AUTHORIZATION OF CREDIT CARD TRANSACTION

I, _____ hereby authorize the
Franklin Terrace Motel to CHARGE, \$ _____ to the following credit card

(VISA, Master Card) Credit Card # _____

Expiration Date ____/____ CVV Code (Security Code from back of card) _____

This charge is made on behalf of _____

Check-In Date: _____ Check-Out Date: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Cell # _____

Fax # _____ E-Mail: _____

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.
I UNDERSTAND THAT DEPOSIT AMOUNT IS NON-REFUNDABLE

Cardholder Signature

DATE

Please attach copy of your driver license and credit card (front and back).

RESERVATION AND CANCELLATION POLICY

A reservation constitutes a two-way agreement between the Franklin Terrace 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 lost revenue to us with little opportunity to recover the loss. For this reason, no portion of the original payment can be refunded.

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