

# Claridge House Credit Card Charge Authorization

4228 E 2<sup>nd</sup> St, Long Beach CA, 90803  
PHONE: 562-832-2588  
FAX: 562-685-0990  
EMAIL: [Stjohnassociates@aol.com](mailto:Stjohnassociates@aol.com)

Dear St John Associates;

I am in receipt of the Claridge House Reservation form and acknowledge the terms and agreement of this booking.

I recognize and confirm the total charges in the amount of \$ \_\_\_\_\_

I agree to pay the amount shown above via  MasterCard  Visa  American Express

I hereby authorize use of my Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_

Card Holder Name (print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your Driver License or Passport.**