

THE BREAKERS

P A L M B E A C H

BREAKERS CHARGE ACCOUNT REQUEST - NACDS 2019

All forms must be received no later than Friday, March 22.

FAX (561) 650-1884

EMAIL: Group.Billing@thebreakers.com

We are requesting a Breakers Charge Account for the company/ guest(s) named below:

Company Name: _____ Contact Name: _____

Email: _____

Telephone: _____ Facsimile: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Exp. Date: _____

Type (circle one): Amex Visa MasterCard Discover CVV Code: _____

Card Holder Name: _____ Card Holder Signature: _____

***By signing this form, I understand that all transactions related to the account will be charged to above credit card, and acknowledge that I will receive a statement of charges within 10 business days of the last event date and will have 15 days from receipt to resolve any disputes.

If applicable, list any Breakers guest(s) whose room charges should be applied to this account (circle applicable charges):

Guest Name: _____ Dates Authorized: _____
(Room/Tax) (All Charges) (Valet) (Food & Beverage)

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If applicable, list any off-property guest(s) who will need charge cards, linked to this account, for charging privileges:

Guest Name: _____ Dates Authorized: _____

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