



The Retreat PVB Card on File  
CREDIT CARD AUTHORIZATION FORM

Please complete all fields. Your credit card number is optional, this can be typed in on initial date of service and then stored on file.

You may cancel this authorization at any time by contacting The Retreat at Ponte Vedra Beach by phone at 904-335-3252 or email at [admin@retreatpvb.com](mailto:admin@retreatpvb.com).

This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:		
Cardholder Name (as shown on card):			
Card Number:		Expiration Date (mm/yy):	
CVV Code (3 digit code):		Billing ZIP Code:	
email:			
cell phone number:			

I, \_\_\_\_\_, authorize **The Retreat at Ponte Vedra Beach** to charge my credit card listed above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Customer Signature	Customer Printed Name	Date