



## Credit Card Authorization Form

Hotel: \_\_\_\_\_

Individual/Reservation/Group or Event Name: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Arrival or Events Date(s): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Room and Tax         | <input type="checkbox"/> Room and Incidentals |
| <input type="checkbox"/> Incidentals Only     | <input type="checkbox"/> Group Deposit        |
| <input type="checkbox"/> Other – see comments |   |

I hereby authorize the following amount to be applied to the credit card (applicable sales tax and service charges may apply): \_\_\_\_\_

Comments:

**Please call the hotel directly to give full credit card number.**

Last four digits of credit card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Please fax completed form to: \_\_\_\_\_**