



CREDIT CARD AUTHORIZATION FORM

I am authorizing the Wyndham Hotel Group to charge the credit card below for the following charges (please check all that apply):

Name of Guest(s): _____

_____ Room, Tax and Resort Fee Charges for: _____
(Please attach a list if for more than one person)

Arrival Date: _____ Departure Date: _____

_____ Guarantee Room, Tax and Resort Fee Only

_____ Payment for the following: Room Attrition or Cancellation Damages

_____ Amount \$ _____

_____ Banquet Charges
(Includes food, beverage, meeting room rental, audio-visual and telephone lines)

By signing below I am authorizing the Wyndham Orlando Resort to charge this credit card for the above charges listed, under the terms specified on this form.

AMEX/VISA/MC/DC/DISC/CB Card # _____ Exp. _____

Print Name _____ Signature _____
As It Appears on Card

Billing Address: _____

City: _____ State: _____ Zip: _____

****Please attach a copy of the front and back of the credit card listed above and driver's license with matching signature****

Without this information, we are unable to process the charges.

**PLACE FRONT OF
CREDIT CARD HERE**

**PLACE DRIVER'S
LICENSE OF CREDIT
CARD HOLDER HERE**