





















## **Credit Card Payment Authorization Form**

Do not send completed form by email.				
FAX COMPLETED FORM TO:		ATTN:		
Date:				
HOTEL USE ONLY:				
Guest / Group Name:				
Check-In / Event Date:				
Name of Person/Group Making Reservation	n:	Phone:		
Authorized Amount:	Approval Code:	Date:		
CARDHOLDER - Please complete the fo	allowing section and sign/d	tate helow		
Cardholder Name as it Appears on Credit				
Cardholder Billing Address:				
City:	State	e: Zip	):	
Daytime /Business Telephone:	Evening Telephone:			
	Expiration Date:			
Credit Card Type: (Check one)  ☐ American Expres		rCard □ JCB	□ Diners Club	
Credit Card Issuing Bank Name:	Bank Security Number	er (from back of your credit car	rd):	
I agree to cover the following categories of All Charges	f charges: (Please check)  Room & Tax	☐ Food & Beverage	☐ Retail	☐ Recreation
I agree to cover the above categories of ch	arges up to a Maximum Amo	ount of \$		
Note: Charges for room and tax, group incidental charges circled above will be	deposits or direct bill acc	ount payments will be chargeck-out.	ged to your credit c	ard immediately. Any
Amount to be immediately charged to cred	it card for room and taxes or	deposit: \$		
Final Balance Billed to Credit Card (hotel u	ise only): \$	_		
By signing below, you authorize the hote indicated above. You further acknowledg charged to the above card number at the t	e that if "all charges" has b	been selected, then all guest/		
Cardholder Signature:			Date:	