



Credit Card Authorization Form

I _____ hereby authorize _____, to process the following credit card:

Guest Name: _____ Confirmation #: _____

Arrival Date: _____ Departure Date: _____

Contact Name: _____

Name on Credit Card (if different from above): _____

Last Four Digits of Credit Card Number: _____

*****To protect your confidential information, do not provide the full credit card number in this form. Please CALL the hotel to provide your full credit card number.*****

Expiration Date: _____

Billing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

Email Address: _____

Authorized Signature: _____

Please Indicate Billing Instructions: (Check all that apply)

Banquets

Audio Visual Only

Advance Deposit of \$ _____

Room and Tax Only

Incidentals Only

Other (please specify): _____

***** Please note that if a different form of valid payment is not received at time of check-in, all charges will be applied to the above credit card.*****