



## 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.\*\****