CREDIT CARD AUTHORIZATION FORM

## Name of Guest(s): [Name]

Room, Tax and Resort Fee Charges for: [Amount]

Arrival Date: [Date]

Departure Date: [Date]

Guarantee Room, Tax and Resort Fee Only [Amount]

Amount $ [Amount]

Banquet Charges: [Amount]

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.

Card # [Card Number]

Exp [Date]

Print Name [Name]

Signature [Name]

Billing Address [Address]

City [City]

State [State]

Zip [Zip]