

Credit Card Authorization Form

Hotel: _____

Individual/Reservation/Group or Event Name: _____

Reservation Confirmation Number: _____

Arrival or Events Date(s): _____

Credit Card Billing Address: _____

City / State / Zip: _____

Contact Telephone Number: _____

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Room and Tax | <input type="checkbox"/> Room and Incidentals |
| <input type="checkbox"/> Incidentals Only | <input type="checkbox"/> Group Deposit |
| <input type="checkbox"/> Other – see comments | |

I hereby authorize the following amount to be applied to the credit card (applicable sales tax and service charges may apply): _____

Comments:

Please call the hotel directly to give full credit card number.

Last four digits of credit card: _____ Expiration Date: _____

Name on Card: _____

Signature of Card Holder: _____ Date: _____

Please fax completed form to: _____