Credit Card Authorization Form

This form authorizes a property to charge the below stated items to the credit card provided. Please fax this form to the property at least **72 hours prior to guest arrival** to ensure that the request is processed.

Four Seasons	Property:						
Group Name:							
Arrival DateK	MM/DD/YYYY						
CREDIT CARD AND BILLING INFORMATION							
I hereby authoriz Check all that a		rges, includin	g applicable tax	es, to be a	pplied to th	e following cre	edit card.
All Charges		Gift Certificate		Comments / Amount authorized :			
Room and Tax		Guest Ameni	ity				
Food and Beverage		Parking					
Incidentals		Other (see comments)					
Credit Card:	American Expr	ess Visa	Mastercard	Discover	Diner's	Club JCB	UnionPay
Credit Card #:				Expiration Date:			
Name on Card:						MM/DD/YYYY	
Address:							
City:				State: [Zip:	
Country:			Telephone:				
Card Holder Signature Form Submitted by (Name/7 ca dUby):				Date			
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By submitting this form I confirm that I have the authority to do so and that I have read and agreed to the use of personal information that I am providing in accordance with

Note: Certain properties may require additional information to complete the credit card authorization process. If necessary, you will be contacted directly by the hotel or resort to provide the additional supporting documentation. For international hotels, the credit card's issuing bank may also charge an international service fee, which will be posted to the credit card statement and for which the hotel is not liable.