

CREDIT CARD AUTHORIZATION FORM

Date: _____

Name of Group: _____

Group Arrival _____ Group Departure: _____

Group Contact Name: _____ Contact Number: _____

Card Billing Address _____

Credit Card Number

Expiration Date:

Signature as it Appears on the Credit Card

I, _____, hereby authorize La Quinta Convention Center to bill
(Print cardholder's name)

My credit card for the following charges:

- | | | |
|---|--|--|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Long Distance Calls & Faxes | <input type="checkbox"/> In Room Movies |
| <input type="checkbox"/> Meeting Room Rental | <input type="checkbox"/> Catering | <input type="checkbox"/> Valet/Laundry Charges |
| <input type="checkbox"/> Valet/Self Parking Charges | <input type="checkbox"/> Bar Charges | <input type="checkbox"/> Deposit of _____ |
| <input type="checkbox"/> Other _____ | | |

***Please attach a front copy of the credit card and photo identification of the card holder to this authorization form.**

****Without the copy's of the above items, this form will not be honored.**

***** Credit Card will be charged by hotel upon receipt of this form**