

Cardholder Information - Required

Name as it appears on the credit/debit card:

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Personal ☐ Corporate | Company Name: _____

Issuing Bank: _____ Phone #: _____

Account number: _____ Exp. Date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information - Required

Guest name: _____

Address: _____

City, State and Zip: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation _____ number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: ☐ Relative ☐ Friend ☐ Business Associate ☐ Other: _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) _____

Guest signature: _____ Date: _____

Rate Information and Approved Charges - Required

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights:_____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

- | | | | | |
|---------------------------------------|--|---|---|-------------------------------------|
| <input type="checkbox"/> All Charges | <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Telephone (LD) | <input type="checkbox"/> Telephone (Local) | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Room Service | <input type="checkbox"/> Valet (Laundry) | <input type="checkbox"/> Parking | <input type="checkbox"/> HS Internet Access | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Other: | _____ | | | |

I certify that all information is complete and accurate. I hereby authorize Marriott Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed _____for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date:_____