

Authorization to charge Credit Card/Debit Card or Direct Bill Account

By signing this document below, I am authorizing _____ to charge my account. I also acknowledge the and fully understood the cancellation policies of the hotel. In the event that I fail to cancel the reservation and obtain the cancellation number within the permitted time, I am fully responsible for the charges. In case of no show; full amount will be charged to my account. I agree that I will not wave my liability for any of these charges.

Name of the Guest	Arrival Date	Departure Date	Confirmation Number

Authorization for: Deposit: ☐ Room &Tax ☐ Food & Beverages ☐ All Charges

Card: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express ☐ DB Account

Credit Card No. _____ **Exp. Date:** _____

Name of Card Holder: _____

Billing Address: _____

Note: You must fax or email this form along with the legible copy of front and back of credit card &/or the copy of the account holder's driver license.

Signature of Account Holder: _____ **Date Signed:** _____