

Credit Card Payment Authorization Form

Payment Authorization Request

CONFIRMATION NUMBER:

ARRIVAL/FUNCTION DATE:

** Arrival date must be MM/DD/YY format**

GUEST FIRST NAME:

DEPARTURE DATE:

GUEST LAST NAME:

PHONE NUMBER:

COMPANY NAME:

CITY/STATE/ZIP:

ADDRESS:

RELATION TO CARDHOLDER: Business Associate Relative Friend Other

Rate Information and Approved Charges

All Charges	Room & Tax	Movies	Room Service	Restaurant
HS Internet Access	Parking	Valet	Laundry	Event/Catering/Banquet Charges
Telephone (LD)	Telephone (Local)	Other:		

COMMENTS / SPECIAL REQUESTS:

Payment Information and Signature

CARDHOLDER NAME:

CARD INFORMATION:

CARDHOLDER PHONE NUMBER:

RELATIONSHIP TO GUEST:

By signing below, you authorize the hotel to charge your credit card immediately for the approved charges indicated above. You further acknowledge that if "all charges" has been selected, then all guest-related charges will be charged to the above card number at the time of checkout.

I have read and agree to the property's terms and conditions.

CARDHOLDER SIGNATURE:

DATE: