



Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

Guest Information

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Guest Name _____

Company Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Relation to Cardholder: (if applicable) Relative Friend Business Associate Other: _____

Rate Information and Approved Charges:

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

Currency type: _____

Charges must not exceed _____ for the entire stay/event

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: _____

Comments/Special Requests:

Payment Information:

Cardholder Phone Number: _____

