

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: Relative Friend Business Associate Other: _____
(if applicable)

Rate Information and Approved Charges:

THIS FORM IS NOT VALID UNLESS A SELECTION IS MADE

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet/Laundry Parking HS Internet Access Movies

Event/Catering/Banquet Charges

Other: _____

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: _____

Acceptance and eSignature:

I authorize the hotel mentioned above to charge 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. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.

Cardholder Signature:

Date: