

Group Credit Card Authorization Form

HOTEL NAME:

GROUP NAME:

Room Block

Group/Meeting Space

GUEST LAST NAME:

GUEST FIRST NAME:

CONFIRMATION NUMBER:

ARRIVAL DATE:

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 for the approved charges indicated above. You further acknowledge that if "all charges" has been selected, then all group-related charges will be charged to the above card number at the time of checkout or event conclusion.

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

CARDHOLDER SIGNATURE:

DATE: