

Payment Request Form

Please complete this form to authorize the hotel to charge the expenses outlined below to your credit/debit card.

Guest Information

CONFIRMATION NUMBER:

GUEST NAME:

COMPANY NAME (IF APPLICABLE):

PHONE NUMBER:

ADDRESS:

RELATION TO CARDHOLDER:

Relative

Friend

Business Associate

ARRIVAL DATE:

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

DEPARTURE DATE:

CITY, STATE/PROVINCE, POSTAL CODE:

Other (please specify your relationship to the guest):

Rate Information and Approved Charges

All Charges – I agree to pay a deposit of \$ _____ for the stay/event and authorize the same payment credentials to be used for any outstanding balance and incidental expenses incurred unless another form of payment is provided before departure.

Acceptance & Authorization

By signing below, I acknowledge and agree to the hotel's cancellation policies, which may vary depending on the rate and reservation dates. Please refer to your reservation confirmation for details. For further assistance, contact the hotel directly.

I confirm that all listed guests are 18 years or older. I authorize the hotel to charge the expenses outlined in the **Rate Information & Approved Charges** section to my credit/debit card. I certify that I am the authorized cardholder for this payment.

CARDHOLDER NAME:

EMAIL ADDRESS:

CARDHOLDER PHONE NUMBER:

CARDHOLDER SIGNATURE:

DATE: