

# Credit Card Authorization Form

This form has been created to allow you to have third party expenses charged to your credit/debit card by the \_\_\_\_\_ . Please provide all the information requested below to ensure prompt processing of your application. We ask that you please sign and date the form before submission.

## **CARDHOLDER INFORMATION - Required**

**Please upload a copy of  
your government issued ID:**

## **GUEST INFORMATION - Required**

Guest Name(s): \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax or Alternate Number: \_\_\_\_\_  
Confirmation Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Relation to Cardholder:      Relative      Friend      Business Associate      Other

*I understand that should there be any issues with this credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.*

## **RATE INFORMATION AND APPROVED CHARGES - Required**

Room rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_ Total Daily Rate:\* \_\_\_\_\_ Number of nights: \_\_\_\_\_  
\* (Rate and tax information must be provided by a hotel representative)

All Charges	Room and Tax	Telephone (LD)	Restaurant	Room Service
Valet (Laundry)	Parking	Internet Access	Movies	Other

*I certify that all information is complete and accurate. I hereby authorize \_\_\_\_\_ to collect payment for all charges as indicated in the "Rate Information" and "Approved Charges" sections of this form, by processing a charge to the credit/debit card listed above. Charges must not exceed \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if the guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.*

Cardholder name (printed): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_