

CREDIT CARD AUTHORIZATION FORM



Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Credit Card Billing Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	
Credit Card Number:	Expiration Date:	
CVV Number:		
Credit Card Type: (Circle one)		
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Diners Club
<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	
Credit Card Issuing Bank Name:		
Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (please check all that apply):		
Room & Tax:	_____	
Incidentals:	_____	
Valet Parking:	_____	
Meals:	_____	
Banquet Charges:	_____	
If other, please specify:	_____	
All Charges:	_____	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		

Note: Charges for room/tax or group deposits will be charged to your credit card immediately. The estimated balance of your planned meeting or event will be charged to your credit card three days prior to your function. Any incidental charges circled above or additional charges for your group event will be charged at the time of check-out or at the conclusion of your event.

Hotel Use Only – Deposit to be immediately charged for room/tax or group event: \$ _____

By signing below, you authorize the hotel to charge your credit card up to the “Maximum Amount” indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: _____ Date _____