

**Credit Card Authorization Form**

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The information provided in this document is to serve as an authorization to use the credit card noted as payment. Please fill out the information below:

**Name of Organization: (Account Name)** \_\_\_\_\_

**Name of Event: (Post as)** \_\_\_\_\_

**Name of Individual:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

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**Credit Card Information**

Print Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**For your protection please include only the last four digits of Credit Card  
Full credit card number will be collected by your hotel contact via telephone**

Expiration Date: \_\_\_\_\_

**Billing Address for Cardholder**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Charge Authorization:** I hereby authorize the following charges to be applied to the above noted credit card.

Check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All Folio Charges       | <input type="checkbox"/> Room & Tax         | <input type="checkbox"/> Deposit               |
| <input type="checkbox"/> Master Account Charges  | <input type="checkbox"/> Food & Beverage    | <input type="checkbox"/> Gift Certificate/Card |
| <input type="checkbox"/> Other – please specify: | <input type="checkbox"/> Incidental Charges | <input type="checkbox"/> Guest Amenity         |
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\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date