

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

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: _____