Logo

Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

Guest Information							
Confirmation Number:			Arrival Date:	Departure Date:			
Guest Name							
Company Name:							
Phone Number:							
Address:							
City, State, Zip:							
Relation to Cardholder: (if applicable)	Relative	Friend	Business Associate	Other:			
Rate Information and Approved Charges:							
All Charges	Room & Tax		Telephone (LD)	Telephone (Local)	Restaurant		
Room Service	Valet/Laundry		Parking	HS Internet Access	Movies		
Event/Catering/Banquet Charges							
Other:							
Currency type:			_				
Charges must not exceed			for the entire stay/event				
Room Rate:	Taxes:		Total Daily Rate:	Number of Nights:			
Comments/Special Requests:							

Payment Information:

Cardholder Phone Number:



Additional Guest(s) Information:

Guest Name:	Arrival Date:	Departure Date:

Acceptance and eSignature:

I authorize the hotel mentioned above to charge payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.

Cardholder Signature: