# Credit Card Authorization Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hotel: |  | | | | | | | |
|  | | | | | | | | |
| Individual/Business/Group or Event Name: | | | | | |  | | |
|  | | | | | | | | |
| Reservation Confirmation Number: | | | | |  | | | |
|  | | | | | | | | |
| Date of Arrival or Event: | |  | | | | | | |
|  | | | | | | | | |
| Credit Card Billing Address: | | | |  | | | | |
|  | | | | | | | | |
| City / State / Zip / Country: | | |  | | | | | |
|  | | | | | | | | |
| Contact Phone Number: | |  | | | | | Email Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Room & Tax | | □ Minibar | □ Internet | □ All Charges |
| □ Room Service | | □ All Banquet Charges | □ Phone charges |  |
| □ Breakfast | | □ Pay TV | □ Parking |  |
|  | | | | |
| I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply) for charges selected above: | | | |  |

The credit card listed below may be billed for the estimated charges ten days prior to event/reservation date.

|  |  |  |  |
| --- | --- | --- | --- |
| Credit Card Number: |  | | |
|  | | | |
| Name on Card: |  | | |
|  | | | |
| Expiration Date: |  | CCV #: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Card Holder: | |  | Date: |  |
|  | | | | |
| □ | By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal accordance with your Global Privacy Policy for Guests, which is available at site.com | | | |

Please fax this completed form to (123) 456 7899 at least 72 hours prior to your planned arrival

in order to ensure your request is processed.

All information is kept confidential and used only for the purposes as noted above.

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