



After Printing, Fill in the Remaining Fields, Sign and FAX. Do Not Email

Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the signed and dated form to the FAX number listed below.

Do not send the completed form by Email.

This form must be received at least five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To: _____

Attention: _____

For Hotel Use Only:

Date Submitted: _____

Authorized Amount:	Approval Code:	Date:
--------------------	----------------	-------

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Guest / Group Name: _____	Check-In / Event Date: _____
Name of Person Making Reservation: _____	Phone: _____
Cardholder Name Exactly as it Appears on the Credit Card: _____	
Cardholder Billing Address: _____	
Daytime / Business Phone: _____	Evening Phone: _____
Credit Card Type: (Circle One)	
<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club	
Credit Card Number: _____	Expiration Date: _____
Credit Card Issuing Bank Name: _____	Phone: _____
I agree to cover, and pay for, the following categories of charges: (Please circle all that apply)	
<input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Catering <input type="checkbox"/> Liquor <input type="checkbox"/> Paid Movies <input type="checkbox"/> Valet Parking <input type="checkbox"/> Standard Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Gift Shop <input type="checkbox"/> Spa Services <input type="checkbox"/> Spa Retail <input type="checkbox"/> Recreation <input type="checkbox"/> Long Distance Phone <input type="checkbox"/> Local Phone <input type="checkbox"/> Federal Express	
I agree to cover, and pay for, the above categories of charges up to a Maximum Amount of: _____	

Direct Bill Account Payments Only:

Name on Invoice / Statement: _____	Date on Invoice / Statement: _____
Invoice / Statement Number: _____	Authorized Amount: \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of Check-Out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to the Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. You further acknowledge that if "all charges" has been selected, then all guest / group related charges (less Deposit) will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: _____ Date: _____