

Credit Card Payment Authorization Form

Payment Authorization Request

CONFIRMATION NUMBER:

ARRIVAL DATE:

GUEST NAME:

DEPARTURE DATE:

COMPANY NAME:

PHONE NUMBER:

ADDRESS:

CITY/STATE/ZIP:

RELATION TO CARDHOLDER: Business Associate Relative Friend Other

Rate Information and Approved Charges

All Charges	Room & Tax	Movies	Room Service	Restaurant
HS Internet Access	Parking	Valet	Laundry	Event/Catering/Banquet Charges
Telephone (LD)	Telephone (Local)	Other:		

COMMENTS / SPECIAL REQUESTS:

Payment Information and Signature

CARDHOLDER NAME:

CARD NUMBER:

CARDHOLDER PHONE NUMBER:

CARD EXPIRATION DATE:

RELATIONSHIP TO GUEST:

CARD SECURITY CODE:

By signing below, you authorize the hotel to charge your credit card immediately for the approved charges indicated above. You further acknowledge that if "all charges" has been selected, then all guest-related charges will be charged to the above card number at the time of checkout.

CARDHOLDER SIGNATURE:

DATE: