

Group Credit Card Authorization Form

HOTEL NAME:

GROUP NAME:

Room Block

Group/Meeting Space

GUEST LAST NAME:

GUEST FIRST NAME:

CONFIRMATION NUMBER:

ARRIVAL DATE:

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 for the approved charges indicated above. You further acknowledge that if "all charges" has been selected, then all group-related charges will be charged to the above card number at the time of checkout or event conclusion.

CARDHOLDER SIGNATURE:

DATE: