

Credit Card Authorization Form

Attn: \_\_\_\_\_ Fax # \_\_\_\_\_  
Fax Date: \_\_\_\_\_

Name of Guest \_\_\_\_\_  
Confirmation # \_\_\_\_\_ Date of Arrival \_\_\_\_\_  
Length of Stay \_\_\_\_\_  
Type of Room \_\_\_\_\_

i.e. Smoking/Non-smoking, Double, King, Suite

Name of Company: \_\_\_\_\_  
Address of Company: \_\_\_\_\_  
Telephone \_\_\_\_\_

The information of the credit card below is the card that will be used for charges:  
Please select one of the following options:

Room & Tax ONLY: Y N  
All Charges (Room and Telephone charges) Y N

Type of Credit Card: Visa MasterCard Discover American Express

\*\*For Direct Billing, an account must be set up with the hotel in advance

Credit Card # \_\_\_\_\_ Exp Date \_\_\_/\_\_\_ Security Code \_\_\_\_\_  
Name on the card as printed \_\_\_\_\_  
Billing address on card \_\_\_\_\_  
\_\_\_\_\_

Authorizing Signature (must match card) \_\_\_\_\_

\*\*\* A readable photocopy of the front AND back of the credit card being used MUST  
be included with the information above. Without a photocopy, the guest cannot  
check in.

