

# DRURY HOTELS

721 Emerson Road  
Suite 400  
St. Louis, MO 63141

## Credit Card Authorization Form

Please fill out the entire form. Only completed forms will be processed.

I authorize payment and agree to pay for the following charges associated with the upcoming stay by the Group:

- Room Charges and all applicable taxes, if valid payment is not paid within the time period set forth in the Hotel Confirmation Agreement signed by the Hotel and Group ("Agreement"), attached to this Credit Card Authorization Form and incorporated herein.
- Any attrition and/or cancellation fees payable by Group for failure to fill or for cancellation of the contracted Group room block as set forth in the Agreement, attached to this Credit Card Authorization Form and incorporated herein.
- Guest Pantry, if available
- Dry Cleaning
- Other (please specify other; i.e., parking at select locations): \_\_\_\_\_

for the named Group identified as \_\_\_\_\_ in the Agreement at the Hotel known as \_\_\_\_\_ and located at \_\_\_\_\_ arriving on \_\_\_\_\_. I certify that I am the cardholder of the credit card identified below and am authorized to bind the Group to pay for the charges set forth above.

Cardholder's Signature \_\_\_\_\_

Cardholder's name as it appears on the credit card (please print): \_\_\_\_\_

Indicate Card Type  American Express  Discover  Visa  MasterCard  Diners Club International

Enter ONLY the last four digits of credit card number \_\_\_\_\_

Cardholder's Phone Number \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

Cardholder's City / State / Zip \_\_\_\_\_

This Authorization is part of Agreement between the parties, as indicated above, and may only be supplemented or changed in writing. There are no restrictions or conditions on this Authorization unless otherwise written above.

Please fax completed form to \_\_\_\_\_

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If applicable, enter the Group Confirmation Number \_\_\_\_\_