



Credit / Debit Card Authorization Form

Please fill out the entire form. Only completed forms will be processed
Cannot be used for leisure traveler with same day reservation

I agree to pay for the following charges associated with the upcoming stay (choose all that apply:)

- Room Charges and all applicable taxes
- Room Charges, All Incidentals, and all applicable taxes
- Guest Pantry, if available
- Dry Cleaning
- Other (please specify other; i.e., parking at select locations) _____

for the named guest or group _____

at the hotel location _____

arriving on _____

confirmation number _____

Cardholder's Signature _____

(Sign in blue or black ink. Electronic signature not accepted.)

***For leisure travel only - immediately upon receiving the completed form,
the hotel will charge one night's room and tax to your credit / debit card***

Cardholder's name as it appears on the credit / debit card (please print): _____

Indicate Card Type American Express Discover Visa MasterCard Diners Club / Discover

Enter ONLY the last four digits of credit / debit card number _____ XXXX-XXXX-XXXX-

Company Name (if applicable) _____

Cardholder's Phone Number _____

Card Expiration Date _____

Cardholder's Billing Address _____

Cardholder's City / State / Zip _____

***For your protection, the named guest or a member of the group will be asked
to provide identification at check in***

This Authorization is the entire agreement between the parties and may only be supplemented or changed in writing. There are no restrictions or conditions on this Authorization unless otherwise written above.

Fax completed form to the hotel.