

CREDIT CARD AUTHORIZATION LETTER

Card Holder's Name: _____
(as it appears on the card)

Credit Card Billing Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Contact Name: _____ Contact Telephone #: _____
(if different from above)

| GUEST/FUNCTION INFORMATION | |
|-------------------------------|-------|
| Guest's Name -OR- Function #1 | _____ |
| Arrival Date: | _____ |
| Departure Date: | _____ |
| | |
| Guest's Name -OR- Function #2 | _____ |
| Arrival Date: | _____ |
| Departure Date: | _____ |
| | |
| Guest's Name -OR- Function #3 | _____ |
| Arrival Date: | _____ |
| Departure Date: | _____ |
| | |
| Guest's Name -OR- Function #4 | _____ |
| Arrival Date: | _____ |
| Departure Date: | _____ |

| CREDIT CARD INFORMATION | |
|--|--|
| Credit Card Type: | <input type="checkbox"/> American Express |
| (check one) | <input type="checkbox"/> Visa/MasterCard |
| | <input type="checkbox"/> Diners Club/Carte Blanc |
| | <input type="checkbox"/> Discover |
| | <input type="checkbox"/> JCB |
| Credit Card Number: | _____ |
| Expiration Date: | _____ |
| ***A Legible photocopy of the FRONT and BACK of the Credit Card, along w/ a copy of a picture ID, ie Driver's License, should accompany this completed form and faxed or mailed to: | |
| | |

Card Holder accepts liability for the following charges: (check all that apply)

- | | | | | | |
|------------------------------------|-------------------------------------|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Resort Fee | <input type="checkbox"/> Lounge | <input type="checkbox"/> Room Service | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Movies | <input type="checkbox"/> Banquets/Catering | <input checked="" type="checkbox"/> DEPOSIT | | <input type="checkbox"/> Parking |

Amount per Guest or Function should not exceed: \$ _____

Amount to be charged to Credit Card: \$ _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges indicated for the above named function(s) or night(s) stay.

Authorized Signature: _____ Title: _____ Date: _____