



Office Use
FD initials:

Guest/Event Information

Name of Function or Guest Name:	Confirmation Number:
Date of Function or Reservation Dates:	

Credit Card Information

Name of Cardholder:			
Billing Address:			
City:	State:	ZIP:	Country:
Email:		Phone:	
Credit Card Number:		Expiration:	Security Code:

Authorized Charges

Yes	No	Description
		Guest Room, Taxes, & Fees
		Restaurant Charges
		Catering/Banquet Room Rental
		Catering/Banquet Audio Visual
		Catering/Banquet Food
		Catering/Banquet Alcohol
		Deposit, in the amount of \$
		Final Invoice/All Charges
		Other (please explain):

Authorized Users

Please list any other users that will be able to use the above card number as payment for charges incurred at this establishment.	
1)	3)
2)	4)

I, the undersigned, hereby authorize to have my credit card authorized and charged for all charges incurred at the hotel, as reflected above. I also agree to provide a copy of photo identification as a means to validate the authenticity of the credit card. The Hotel will provide a receipt as a means to justify the amount charged to my credit card.

Cardholder's Signature

Date

Title