



## Credit Card Authorization Form

This form must be accompanied by Government issued identification which includes a photograph and received by the hotel at least 4 days prior to the guest's arrival.

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Cardholder Name

(as it appears on the card)

Cardholder Signature

Today's Date

Cardholder Phone Number

Cardholder Billing Address

Credit Card Number

Expiration Date

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Name of Individual(s) allowed to Charge

Name of Group or Organization

Reservation Number(s)

Cardholder agrees to pay for the charges that are checked:

All Charges

Room Charges

Check in Date

Number of Nights

Catering Charges

Function Start Date

Other, Please specify

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This completed form and a Government issued photo I.D. must be received 4 days prior to arrival.

Mail to \_\_\_\_\_ or Fax to \_\_\_\_\_

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Office use: Received \_\_\_\_\_

Verified by \_\_\_\_\_