



CREDIT CARD AUTHORIZATION LETTER

Please complete this form with a legible copy of both:

- (1) Front and Back of the Credit Card
- (2) Current Picture I.D. (i.e., Driver's License, Passport, Military ID)

Note: Both items must identify the same person and signature.

CHECK ONE

Visa American Express Diners MasterCard Discover JCB

Credit Card Number _____ Exp. Date _____

Name of Issuing Bank _____ Tel. No. _____

I, _____ with _____
(Full Name as it appears on card) (Company Name)

Hereby authorize the _____ to charge the credit card account above
(Name of Hotel)

for the following charges:

- Deposit in the amount of \$ _____
- Room and Tax charges only (Individual to pay incidentals charges)
- Restaurant and Lounge charges
- All Charges
- Other (Specify): _____

Name of Guest/Group: _____ Conf# _____

Date of Arrival: _____ Date of Departure: _____

I acknowledge that my liability for these charges will not be waived and that I will be held personally liable in the event that the issuing institution refuses to pay the full amount.

Card Holder's Signature: _____ Date: _____

Billing Address: _____

Telephone Numbers: (Home) _____ (Work) _____

Fax Number: _____