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|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | HOTEL CREDIT CARD |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | AUTHORIZATION FORM |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | HOTEL CREDITCARD |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   | Guest Name |   |   |   |   |   |   |   |   |   |   |
|   | This hotel credit card authorization form is used for guests who do not have the credit card at hand but have authorization from the cardholder, including their signature, that it may be used for the guest’s stay. Additionally, the cardholder may limit what the guest can charge on the card. If the authorization form limits any of these then the remaining balance must be paid by the guest. |   | John Doe |   |
|   |  |   | Company |   |   |   |   |   |   |   |   |   |   |
|   |  |   | Bridgestones & Fires |   |
|   |  |   | Confirmation Number |   |   |   |   |   |   |   |   |
|   |  |   | 200085-25652-001 |   |
|   |  |   | Date of Arrival |   |   |   |   |   |   |   |   |
|   |  |   | 12/05/2021 |   |
|   | Room Rate: |   |   |   |   |   |   |   | Date of Departure |   |   |   |   |   |   |   |   |   |
|  | Hotel tax: 6% + $1.20 per night |   |   |  | 18/05/2021 |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | CREDIT CARD TO BE CHARGED FOR PAYMENT |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |[ ]  MasterCard |   |[ ]  VISA |   |   |[ ]  American Express |   |[ ]  Other (write here) |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Card Number |   |   | 25560000-00000-52544 |   |
|   | Expiry Date |   |   | 03-2021 |   |
|   | CVV Code |   |   | 2565 |   |
|   | Cardholder Name |   | John Doe |   |
|   | Cardholder Address |   | 000 Billing Street, Cardcity, 24536 NY |   |
|   | Cardholder Phone |   | 0000-0000-00000 |   |
|   | Cardholder Email |   | john.doe@nonameprovider.com |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |
|   |   | The cardholder above with the credit card number above, understands and agrees to be personally liable for all charges incurred at this hotel including but not limited to any damage by the authorized guest.I authorize you to bill the full balance of the account to my credit card, which is shown above. |   |   |
|   |   |  |   |   |
|   |   |  |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |  |   |   |   |   |  |   |
|   | *CARDHOLDER SIGNATURE* |   |   |   |   | *DATE* |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   | ITEMS TO BE DELIVERED |   |   |   |   |   |   | PLEASE MARK WHAT TO CHARGE |   |
|   |   |   | TO THE HOTEL |   |   |   |   |   |   |   |   | TO THE AUTHORIZED CREDIT CARD |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   | We will need a clear copy or photograph via scanner, camera, or phone of the cardholder's valid ID as well as a clear copy or photograph of the credit card indicated above (Front & Back). You can email this completed authorization form, copy of ID and copy of credit card. |   |   |   |[ ]  Room & Tax |   |
|   |   |   |  |   |   |   |[ ]  Food & Beverage |   |
|   |   |   |  |   |   |   |[ ]  All Incidentals |   |
|   |   |   |  |   |   |   |[ ]  City Tax |   |
|   |   |   |  |   |   |   |[ ]  All Stay Charges |   |
|   |   |   |  |   |   |   |[ ]  Parking |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |  | www.hotelcreditcard.com • 555 Rest Island Road, Miami , 20980 CY • 555-65656-85858 • info@hotelcreditcard.com |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | [© TemplateLab.com](https://templatelab.com/) |   |