|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **HOTELCREDIT CARDAUTHORIZATION FORM** |  |
|   | **Hotel:** | Grand Astoria Hotel |  |
|   |  |  |  |  |  |  |  |  |  |
|   | **Individual/Business/Group Name:** | Mr. John Doe |  |
|   |  |  |  |  |  |  |  |  |  |
|   | **Reservation Confirmation Number:** | #25608/2021 |  |
|   |  |  |  |  |  |  |  |  |  |
|   | **Arrival or Event Date:** | 22/04/2021 |  |
|   |  |  |  |  |  |  |  |  |  |
|   | **Contact Phone #:** | 000-0000-0000 |  |
|   |  |  |  |  |  |  |  |  |  |
|   | **Contact Email Address:** | john.doe@orhanizationname.com |  |
|   |  |  |  |  |  |  |  |  |  |
|  | ***A valid telephone number and email are required as we will need to contact you to confirm receipt. If we are unable to do so, your reservation will be subject to cancellation.***  |   |
|   | **I hereby authorize the following charges to be applied to the following credit card(Check all that apply)** |   |
|   |  |  |  |  |  |  |  |  |   |
|   |[ ]  Room & All Applicable Taxes | **Cardholder Name:** | John Doe |   |   |
|   |[ ]  Gift Certificate | **Credit Card Number:** | 55562323-000000-0000000 |   |   |
|   |[ ]  Food & Beverage | **Expiration Date:** | 03-2025 |   |   |
|   |[ ]  All Incidentals | **CVV #:** | 5253 |   |   |
|   |[ ]  All Banquet Charges |   |   |   |   |   |
|   |[ ]  Resort Services Fee  | **Notes and Comments:** | Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna. Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. |   |   |
|   |[ ]  Parking |   |  |   |   |
|   |[ ]  Other 1 (Lorem Ipsum) |   |  |   |   |
|   |[ ]  Other 2 (Lorem Ipsum) |   |  |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   | **I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):** | $550.00 |   |
|   |  |  |  |  |  |  |   |   |   |
|   | **SIGNATURE OF CARDHOLDER:** |  |  |
|   |  |  |  |  |  |  |   |   |   |
|   | **DATE:** | 15/04/2021 |   |   |
|   |  |  |   |   |   |   |   |   |   |
|   | ***Hotel reserves the right to refuse a credit card authorization as a valid method of payment for same day bookings or authorization forms received on day of arrival.*** |   |
|   |  |  |  |  |  |  |  |  |   |
|   | By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at hotelwebsitehere.com.**All information is kept confidential and used only for the purposes as noted above.** |   |
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