



# HOTEL

## CREDIT CARD AUTHORIZATION FORM

Hotel:

Individual/Business/Group Name:

Reservation Confirmation Number:

Arrival or Event Date:

Contact Phone #:

Contact Email Address:

*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
- Gift Certificate
- Food & Beverage
- All Incidentals
- All Banquet Charges
- Resort Services Fee
- Parking
- 
- 

Cardholder Name:

Credit Card Number:

Expiration Date:

CVV #:

Notes and Comments:

I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):

SIGNATURE OF CARDHOLDER:

DATE:

*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.*