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| HLOOM.png | Hotel Name123 Park Avenue, Michigan 69789 MIPhone: 123-456-7899, Fax: 123-123-4567 |

## Credit Card Authorization Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the use of my credit card as the method of payment to cover the following charges as stated below:

  Guest room and taxes for each night.

  All charges including guest room, applicable taxes, meals, phone charges, and any other incidental charges for each night.

  All banquet room charges including food & beverage charges, where applicable, for each day.

For the reservation of Confirmation Number

Arriving on Number of Nights

Type of Credit Card: ❑ Visa ❑ MasterCard ❑ American Express

* Discover ❑ JCB ❑ Diners Club

Credit Card Number Expiration Date

Name of Cardholder E-mail Address and Phone

Cardholder Signature Date

This Authorization Form is not valid without a photocopy of the front and back of the credit card.

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| --- | --- |
| *front of the credit card* | *back of the credit card* |