



Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

Guest Information

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Guest Name _____

Company Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Relation to Cardholder: Relative Friend Business Associate Other: _____
(if applicable)

Rate Information and Approved Charges:

All Charges	Room & Tax	Telephone (LD)	Telephone (Local)	Restaurant
Room Service	Valet/Laundry	Parking	HS Internet Access	Movies
Event/Catering/Banquet Charges				
Other: _____				

Currency type: _____

Charges must not exceed _____ for the entire stay/event

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: _____

Comments/Special Requests:

Payment Information:

Cardholder Phone Number: _____

Additional Guest(s) Information:

Guest Name:	Arrival Date:	Departure Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Acceptance and eSignature:

I authorize the hotel mentioned above to charge payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.

Cardholder Signature:

Date: