



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 Resort Fees Room, Tax, & Resort Fees
 Upgrade Other _____

Authorization Note: Should additional charges be incurred after the final one-hundred percent deposit is received, the hotel will charge the credit card and provide a statement following the guest's departure. This form is to be returned five (5) days prior to arrival to be processed.

Comments/Special Requests:

Payment Information:

Cardholder Phone Number: _____

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 21 or older. I am the authorized signer for the payment information attached.

Cardholder Signature: _____

Date: _____