



Credit Card Authorization

Date: _____

This is to confirm that the _____ Hotel is authorized to use my credit card for payment of **ALL CHARGES, or ROOM and TAX ONLY** for the following guests only: (Please circle one)

Names:

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please note, all names must appear. Use second sheet if necessary.)

If this card is to be kept on file for all guests coming in with your company, Please check box below.

The use of this credit card is for all guests of our company using the (Hotel).

Credit Card Type:

Mastercard Visa American Express Discover Diners Club

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____

Card Holders Name: _____

Card Holders Signature: _____

Card Holders Phone Number: _____

- **Please attach a copy of the front and back of the credit card.**
- **If card is used by guests listed above, guest must state this upon arrival or at the time of booking.**