

CREDIT CARD PAYMENT AUTHORIZATION FORM

NAME:

PERSON AUTHORIZING:
(if not the same as above)

CREDIT CARD BILLING ADDRESS:

CITY/STATE/ZIP/COUNTRY:

CONTACT PHONE NUMBER:

I hereby authorize the following charges to be applied to the following credit card. Check all that apply:

Room & Tax
Food & Beverage
All Incidentals

Only Specific Incidentals
All Banquet Charges Hotel
Gift Certificate

Guest Amenity Other
– see comments

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

US\$

Confirmation No.:

Comments:

The credit card listed below may be billed for the estimated amount above.

Credit card type: ☐ Visa ☐ Amex
☐ Master card

Other, please specify:

Credit Card Expiration Date: (except last 4) EXP CVV

Name on Card:

Phone Number:

Call Time for Full Credit Card Number (Within 24 hours):

By signing below the Applicant agrees that all the information provided is accurate and complete.

Authorized Signature: Date:

Please find attached a copy of credit card used and the credit card slip which indicates amount charged.

Upon completion, kindly attach this form along with a copy of your passport's bio page to the relevant email address. Thank you!