

CREDIT CARD AUTHORIZATION FORM

All information will remain confidential.

Reservation number: _____

Travel Agency Name: _____

Credit Card Holder: _____

Credit Card Billing Address: _____

Cardholder Phone Number: _____

Credit Card Type: Visa MasterCard Discover AmEx _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (CVV/CVC): _____ (last 3/4 digits located on the back of the credit card)

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

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Room rate | <input type="checkbox"/> Tax | <input type="checkbox"/> City tax | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Food and beverage | <input type="checkbox"/> Parking | <input type="checkbox"/> Resort Services Fee | <input type="checkbox"/> _____ |
| <input type="checkbox"/> All incidentals | <input type="checkbox"/> Guest Amenity | <input type="checkbox"/> All Stay Charges | <input type="checkbox"/> _____ |

I authorize the amount of _____ to be charged to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

*Any additional fee which might apply by payment with a credit card can also be charged.

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information.

Comments: _____

Signature of the Cardholder _____ Current date _____

Note to hotel: Please send an invoice of this credit card charge to the Travel Agency's email address.