



CREDIT CARD AUTHORIZATION

I, _____, hereby authorize the **Hotel Van Zandt**
a Kimpton Hotel, to process the following credit card:

Guest Name: _____

Confirmation #: _____ OR Group Name: _____

Arrival Date: _____

Departure Date: _____

Contact Name: _____

Name on Credit Card (if different from above): _____

Last Four Digits of Credit Card Number: _____

****To protect your confidential information, do not provide the full credit card number in this form. Please CALL the hotel to provide your full credit card number. ****

Expiration Date: _____

Billing Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

Email Address: _____

Authorized Signature: _____

Please Indicate Billing Instructions: (Check all that apply)

- Room and Tax Only
- Daily Resort Fee of \$24 (including tax)
- Advance Deposit of \$ _____
- Banquets
- Audio Visual Only
- Incidentals Only
- Other (please specify): _____

**** Please note that if a different form of valid payment is not received at time of check-in, all charges will be applied to the above credit card. ****

Please complete this form and fax to the Hotel Van Zandt's Front Desk at **512-391-1505**.

Please Include a copy of the cardholder's ID.