

CREDIT CARD AUTHORIZATION FORM

Guest or Event Name: _____

Cardholder Name: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I authorize the below charges to be billed to my credit card:

- Rooms & Applicable Taxes
- Event Expenses, Applicable Taxes, and Service Fees
- All charges (Rooms, Event Expenses, Hotel Incidentals, Applicable Taxes, and Service Fees.

[By checking this option you accept responsibility for all fees incurred during this stay]

Other, please specify: _____

I authorize South Congress Hotel to charge the agreed items listed above to my credit card provided herein.
I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Printed Name: _____

Signature: _____ Date: _____