

Credit / Debit Card Authorization Form



Hotel Name: **COURTYARD BY MARRIOTT AUSTIN SOUTH, 4533 S IH 35, AUSTIN, TEXAS, 78744. Tel: 512-912-1122**

Official Sponsor of the NFL

Dear Sir/Madam,

Please provide all information requested below to ensure prompt processing of your request to charge your credit card for the charges indicated below. We ask you to sign and date the form before submission. Please fax the completed to: **512-912-8134**

Cardholder Information – Required

Name as it appears on the credit/debit card: _____

Card Type (Please circle): Visa MC Amex Discover Diners/CB JCB

Account Type (Please circle): Personal Corporate/Company

Issuing Bank: _____ Bank Phone #: (____) - _____ - _____.

Hotel may contact to verify card number.

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____

Address (where statement is mailed): _____

City, State, Zip: _____

Home Phone Number: (____) _____ - _____. Cell Number: (____) _____ - _____.

Fax Number: (____) _____ - _____. Alt. Phone Number: (____) _____ - _____.

Email Address: _____

If you are using a company card, please complete the information below:

Corporate/ Company Name: _____

Address: (cannot be a PO Box): City, State, Zip: _____

City, State, Zip: _____

Phone Number with Area Code: (____) - _____ - _____.

Authorized Printed Name: _____

Authorized Signer's Business Title: _____

Cardholder – Rate Information and Authorized Charges

Guest Name(s): _____ Arrival Date: ____/____/____

Total Rate with taxes per night \$ _____ . _____ Number of nights: _____ Departure Date: ____/____/____

Permission to charge the following to credit card listed, (Please circle): All Charges Room, Taxes & fees Meeting Room

Incidental Charges (select approved charges): Phone Room service Breakfast Restaurant Room service

Internet Beer & Wine Liquor Valet Parking Movies Gift shop

Other (please specify): _____

Total charges not to exceed: \$ _____ , _____ . _____

I, (card holder's name) _____ certify that all information is complete and accurate. I hereby authorize COURTYARD BY MARRIOTT AUSTIN SOUTH, located at 4533 S IH 35, AUSTIN, TEXAS, 78744 with telephone number 512-912-1122 to collect payment for the charges for Guest Name(s): _____ as indicated in the Rate Information and Authorized Charges section of this form by processing charges to the credit/debit card listed above. I understand that a new form will have to be completed if the guest wishes to extend his/her stay.

I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name (printed): _____

Cardholder signature: _____

Date: ____/____/____

Guest Information – Required – Identification will be required at check in

Address (where statement is mailed): _____

City, State, Zip: _____

Home Phone Number: (____) _____ - _____. Cell Number: (____) _____ - _____.

Fax Number: (____) _____ - _____. Alt. Phone Number: (____) _____ - _____.

Email Address: _____

Driver's License Number/Passport number/ID number: _____

Departure date cannot be extended unless a new authorization form is completed.

I understand that should there be any issues (chargebacks, refusal of cardholder to honor charges, etc) with the credit/debit card being used to settle my charges, I will be responsible and pay for all charges incurred during my stay or event.

Guest's Name (printed): _____

Guest's signature: _____

Date: ____/____/____

Required: To be signed in the presence of the front desk employee upon check in.

Additional comments or instructions: Front desk to verify address on driver's license and address on this form are the same address.

If different, list the address on the driver's license below. _____