



**Credit Card Payment Authorization Form**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

**PLEASE DO NOT EMAIL THIS FORM. FAX FORM INSTEAD TO: (512) 454-0672**

**NOTE: THE CREDIT CARD MUST BE PHYSICALLY PRESENT AT CHECKIN FOR RESERVATIONS MADE ON THE SAME DAY AS ARRIVAL. AN AUTHORIZATION FORM WILL NOT BE ACCEPTED.**

**Date:** \_\_\_\_\_

Guest / Group Name:	
Check-In / Event Date:	Confirmation / Event Number:
Name of Person Making Reservation:	Phone:

**CARDHOLDER - Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:				
Credit Card Billing Address:				
City:	State:	Zip:		
Daytime Phone:		Evening Phone:		
Credit Card Number:			Expiration Date:	
Credit Card Type: (Circle one)				
Visa/MasterCard	Amex	Diners Club	Discover	JCB
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle)				
All Charges	Room & Tax	Food & Beverage	Retail	Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				

**Note: Charges for room/tax or group deposits may be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

**Hotel Use Only** – Deposit to be immediately charged for room/tax or group event: \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card up to the “Maximum Amount” indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_