

CREDIT CARD 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.

DO NOT EMAIL THIS FORM - FAX FORM TO: 512-519-8080

ATTN: _____		Date: _____
Guest / Group Name:		
Check-In / Event Date:	Confirmation / Event Number:	
Name of Person Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

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)		
<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club <input type="checkbox"/> Discover		
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 if required by contract or conditions of rate code booked. 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. If card is being provided as a guarantee, you certify that card contains sufficient credit to cover any potential cancellation or attrition charges and recognize that card may be authorized for verification purposes. 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 unless valid alternate form of payment is provided.

Cardholder Signature:

Date:
