

Credit Card Pre Authorization Form

CREDIT CARD BILLING AUTHORIZATION

HOTEL NAME: _____ **HOTEL PHONE #:**

HOTEL ADDRESS: _____ **HOTEL FAX #:**

CARDHOLDER NAME: _____ **PHONE #:**

CARDHOLDER ADDRESS: _____ **FAX #:**

TYPE OF CREDIT CARD (circle one)

AMERICAN EXPRESS

JCB

DISCOVER CARD

MASTERCARD

VISA

CARD NUMBER: _____

EXPIRATION DATE:

TERMS AND CONDITIONS

The Cardholder agrees by their signature below that all charges incurred by the Cardholder at the above named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides alternated form of payment prior to departure from the Hotel. Cardholder understands that the Hotel will obtain prior approval from the credit card company for the estimated amount of the Cardholder's charges. Cardholder further understands that this Authorization is subject to approval by the Hotel's Controller and/or General Manager. If, for any reason, this authorization is not approved by the aforementioned Hotel representative, the Cardholder agrees to provide the Hotel with an Advance Deposit for the full amount of the estimated charges as determined by the Hotel. Such Advance Deposit will be made in one of the acceptable methods prescribed by the Hotel.

CARDHOLDER SIGNATURE: _____

DATE:

Photocopy of Credit Card (front and back)

Please select charges you wished to bill

___ All ___ Room & tax ___ catering/banquet function

___ Other _____ deposit amount _____

___ Room/tax & parking

___ Guarantee for attrition/cancellation

GUEST/GROUP NAME: _____

EST. AMOUNT:

ARRIVAL/FUNCTION DATE: _____

AUTH. DATE:

DEPARTURE DATE: _____

AUTH. AMT.:

RESERVATION/BOOKING #: _____

APPROVAL #:

HOTEL APPROVAL: _____

TITLE:

(signature)

EXHIBIT #1