



### Credit Card Authorization Form

I hereby authorize the Crowne Plaza Hotel/ Holiday Inn Express,

Springfield, IL, to charge my: \_\_\_\_\_  
Type of credit card, i.e.: Visa, Mastercard, Discover etc.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name as it appears on front of credit card:

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Group Name: Township Officials of Illinois '15 Educational Conference

Guest Name: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ # of Nights: \_\_\_\_\_

Credit Card to be charged for:

\_\_\_\_\_ **Overnight Accommodations (Room & Tax Only)**  
Your guest must present a valid credit card and ID at arrival. \$50 per night will be authorized for incidentals.

\_\_\_\_\_ **Overnight Accommodations (Room, Tax & Incidentals)**  
Your guest will not be required to present their own credit card at arrival but this card will be used for ALL charges including but not limited to telephone calls, room service, damages, etc.

Please fax this form to **217-529-6666** prior to your traveler's arrival.

Note: Check payments will be accepted until Tuesday October 20, 2015 ONLY.