



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.)

Account Number (if applicable): _____

Expiration Date: _____

Print Name as it appears on front of credit card:

Authorized Signature: _____

Group Name: Township Officials of Illinois Date of Arrival: _____

Sales Manager: Judi Elliott _____

Credit Card to be charged for:

___ Food and Beverage & Meeting Room Rental

___ Overnight Accommodations (Room & Tax)

___ Overnight Accommodations (Room, Tax & Incidentals)

___ Other (Please Describe)

Your final estimated payment is due 5 business days prior to the function/arrival date and will be charged to the credit card on file. If a balance is remaining after the event; the credit card on file will be charged for the remaining balance.

Fax completed form to Darlene Sidwell, 217-585-1373.