

Policies and Procedures

Credit Card Authorization Form

() - All charges (this includes room, tax, phones, restaurant etc.)		
() – Other		
Please return this form bac	ck with a front and back copy of the credit ca	rd.
Thank You (Hotel Name)		
(Please Print) Name of Guest:		
Date(s) of Stay:		
Credit Card Number:	- <u></u>	
Expiration Date:		
Name on Card:		
Card Holders Signature:		
Address:		
City, State, Zip:		
Phone Number:		

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