Credit Card Authorization

I, (cardholder's name as it appears on the card) _____
authorize (hotel name) _____ to charge my:

__ American Express __Visa __ MasterCard __Diners Club __ Discover __ JCB

Credit card number _____ Expiration date ___/___/___
for the following charges related to the booking and/or guests listed below:

___ All Charges
___ Guest Room and Tax
___ Guest Incidentals Charges
___ Other (please specify) _____

Note: The person executing this agreement, and, if applicable, the entity on whose behalf such person is executing this agreement shall be jointly and severally liable for the payments of all charges incurred pursuant to this agreement, inclusive of late charges.

I assume responsibility of the charges of the following guest(s) / group:

Name of Guest(s)	**Confirmation #**	**Date (Arrival/Departure)**
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Special Handling Requests:

_____

Billing Address:

_____

_____

_____

Telephone Number: (___) ____- _____

Email Address: _____

Cardholder Signature _____ **Date:** ____/____/____