



Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the signed and dated form to the FAX number listed below.

Do not send the completed form by Email.

This form must be received at least five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To: (954) 227-4103 _____

Attention: Accounting Office _____

For Hotel Use Only:

| | |
|---------------------------------|----------------------|
| Reservation Confirmation: _____ | Date: _____ |
| Authorized Amount: _____ | Approval Code: _____ |
| | Date: _____ |

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Guest / Group Name: _____ Check-In / Event Date: _____

Name of Person Making Reservation: _____ Phone: _____

Cardholder Name Exactly as it Appears on the Credit Card: _____

Cardholder Billing Address: _____

Daytime / Business Phone: _____ Evening Phone: _____

Credit Card Type: (Circle One)
 Visa MasterCard American Express Discover JCB Diners Club

Credit Card Number: _____ Expiration Date: _____

Credit Card Issuing Bank Name: _____ Phone: _____

I agree to cover, and pay for, the following categories of charges: (Please circle all that apply) Guarantee to Contract Terms
 All Charges Room & Tax Food & Beverage Catering Liquor Paid Movies Valet Parking
 Standard Parking Laundry Gift Shop Spa Services Spa Retail Recreation Long Distance
 Phone Local Phone Federal Express

I agree to cover, and pay for, the above categories of charges up to a Maximum Amount of: _____

Direct Bill Account Payments Only:

Name on Invoice / Statement: _____ Date on Invoice / Statement: _____

Invoice / Statement Number: _____ Authorized Amount: \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of Check-Out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to the Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. You further acknowledge that if "all charges" has been selected, then all guest / group related charges (less Deposit) will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: _____ Date: _____