

# Credit Card Authorization



Fax #: 831-423-1159

## CREDIT CARD AGREEMENT

Name of Card holder : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ E-mail: \_\_\_\_\_

*I authorize use of my credit card to secure payment for the above function/event on \_\_\_\_\_. The hotel will copy the front and back of my credit card and receive approval for the full amount of the estimated charges at anytime but no later than 3 Business days (M-F) prior to my function. I understand that failure to settle my account at the conclusion of the event will result in an actual charge posting to my credit card. If payment occurs with other means, the hotel will release the hold on my credit card. There Will be a \$5.00 Service charge for this reservation Please send a copy of the front and back of the credit card, as well as a copy of your state issued ID.*

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

CC# \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_  
3 digit code back of card

Type: (credit card or debit card) \_\_\_\_\_ CC BILLING ZIP CODE: \_\_\_\_\_

Authorized representatives permitted to incur and sign for charges for the account listed above:

NAME	CREDIT LIMIT	NAME	CREDIT LIMIT
_____	\$ _____	_____	\$ _____
_____	\$ _____	<b>DEPOSIT</b>	<b>\$ \$250.00</b>

Authorization applies to event dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ through date \_\_\_\_/\_\_\_\_/\_\_\_\_

Account accepts responsibility for the following charges: (mark all that apply)

- All     Restaurant     Lounge     Laundry     Room Service  
 Movies     Telephone     Banquets     Cocktails     Guest Room & Tax  
 Audio Visual

### For Office use only

Sales Representative: \_\_\_\_\_ Estimated Revenue: \$ \_\_\_\_\_