



### Credit Card Authorization Form

Guest Name (s)	Reservation #	Arrival/Departure Date	Room & Tax Charge Total Amount
1.			
2.			
3.			
4.			
5.			

Last 4 Digits of Credit Card #					Card Type (Circle One) AMEX DISC MASTER VISA	Expiration Date:
Cardholder's Name:					Phone:	
Billing Address:			City/State		Zip:	

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card for the above-mentioned persons/amounts listed.

Advisory: Debit Card users, this authorization amount will affect your checking account up to fourteen (14) business days after the settlement of the authorized transaction. We do not accept credit card authorizations for incidental charges. We do not accept credit card authorizations for reservations made within thirty (30) days. This allows us time to obtain proper authorizations.

CARDHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Manager Review \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

FULL CREDIT CARD NUMBER

EXPRATION DATE

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\*\* All information is required. If you need assistance filling out this form please call your General or Assistant Manager, or the Corporate Office for Avanti Hospitality. \*\*