



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:

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

[illegible]

** 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. **