CREDIT CARD **AUTHORIZATION**

I,	□ VISA □ MASTERCARD □ AMERICAN EXPRESS □ DISCOVER ACCOUNT NUMBER EXPIRATION DATE
Please select the type of service to be charged:	 □ ROOM & TAX □ WINI BAR □ VALET PARKING □ BANQUET □ TELEPHONE □ ALL CHARGES □ RESTAURANT/ROOM SERVICE □ OTHER
Name of individual in room:	EXACT ARRIVAL DATE EXACT DEPARTURE DATE
	ROOM RATE DATE OF BANQUET FUNCTION (Banquet/Meeting Rooms Only)
AUTHORIZED SIGNATURE DATE PHONE	NOTE Please include a front & back copy of credit card along with this signed authorization form



EMAIL