



CREDIT CARD AUTHORIZATION FORM

By signing this form, you give the Merchant permission to debit your account for the duration of your stay on a weekly or monthly basis based on your current guest agreement.

I, _____ (hereinafter referred to as the "Cardholder"),
authorize _____ (hereinafter referred to as the
"Merchant") to charge my credit card indicated below for any room charges and/or damages
incurred during my stay beginning on _____.

Guest(s) Name: _____

Reservation #: _____

Arrival Date: _____

Rate Weekly / Monthly: _____ Processed On: _____ of Each Week /
Month.

Name on Credit Card: _____ VISA MC AMEX OTHER: _____

Card #: _____ Expiration: _____ CVV: _____

The Cardholder named above with the credit card number above, understands and agrees to be personally liable for all charges incurred at this hotel, including but not limited to any damages by the authorized guest(s).

I authorize the Merchant to charge my credit card for the duration for the above-mentioned guest(s) for the duration of the hotel stay on the above agreed rate schedule.

CARDHOLDER IS TO PROVIDE A VALID COPY OF THEIR ID. ID MUST MATCH CREDIT CARD BEING AUTHORIZED.

CARDHOLDER SIGNATURE

DATE

OFFICE USE: VERIFIED NAME ON CC MATCHES ID BY: _____