

# SELECT HOTELS GROUP

## CREDIT CARD AUTHORIZATION LETTER

Card Holder's Name: \_\_\_\_\_  
 (as it appears on the card)  
 Credit Card \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_  
 (if different from above)

GUEST/FUNCTION INFORMATION	
<b>Guest's Name -OR- Function #1</b>	_____
Arrival Date:	_____
Departure Date:	_____
<b>Guest's Name -OR- Function #2</b>	_____
Arrival Date:	_____
Departure Date:	_____
<b>Guest's Name -OR- Function #3</b>	_____
Arrival Date:	_____
Departure Date:	_____
<b>Guest's Name -OR- Function #4</b>	_____
Arrival Date:	_____
Departure Date:	_____

CREDIT CARD INFORMATION	
<b>Credit Card Type:</b> (check one)	<input type="checkbox"/> American Express <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> Diners Club/Carte Blanc <input type="checkbox"/> Discover <input type="checkbox"/> JCB
<b>Credit Card Number:</b>	_____
<b>Expiration Date:</b>	_____
<p><i>A legible photocopy of the FRONT and BACK of the                      Credit Card along with this completed form should be                      faxed or mailed to:</i></p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">Your Hotel Name</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">ADDRESS                      ADDRESS                      Business: 10 DIGIT                      Facsimile: 10 DIGIT</p>	

Card Holder accepts liability for the following charges: (check all that apply)

<input type="checkbox"/> All	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Lounge	<input type="checkbox"/> Room Service
<input type="checkbox"/> Telephone	<input type="checkbox"/> Movies	<input type="checkbox"/> Banquets	<input type="checkbox"/> Valet	<input type="checkbox"/> Other (specify) _____

Amount per Guest or Function should not exceed: \_\_\_\_\_

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges indicated for the above named function(s) or night(s) stay.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_