

AMWAY GRAND PLAZA HOTEL

187 Monroe NW * Grand Rapids, MI 49503 * PHONE: (616) 774-2000 www.amwaygrand.com

Credit Card Authorization Form

Please fill in the information below in full. **The form is invalid unless filled out completely and signed.**

Please fax to the accounting department at **616.776.6427** for processing

Statement of Intent:

I, _____, authorize the Amway Grand Plaza to bill the following charges to the below credit card (check all that apply):

- Room and Tax Only** (# of nights _____)
- Self Parking (\$16.00 per night)** (# of vehicles _____) (# of nights _____)
- Valet Parking (\$25.00 per night)** (# of vehicles _____) (# of nights _____)
- Meals –no alcohol**
- All Charges**
- Internet –please specify which option**
- Other** _____

Conf Code	Guest Name	ARR DATE	DEP DATE

Credit Card Number: _____ Exp. Date: _____

Credit Card Holder's Name: *(please print)*: _____

Signature of Cardholder: _____

Mailing Address of Card Holder: _____

State: _____ Billing Zip Code _____ Phone Number of Card Holder: _____

PLEASE NOTE: If charging Room and Tax only or Room, Tax and Parking only, the card given below will be charged upon receipt of fax at the Accounting Department.