



Colorado Springs, CO

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

DO NOT EMAIL THIS FORM - FAX FORM TO: 608-274-6586 ATTN: _____

HOTEL USE ONLY

Date: _____

Guest / Group Name:		
Check-In / Event Date:	Confirmation / Event Number:	
Name of Person Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

<i>Cardholder Name as it Appears on Credit Card:</i>		
<i>Credit Card Billing Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Daytime Phone:</i>	<i>Evening Phone:</i>	
<i>Credit Card Number:</i>	<i>Expiration Date:</i>	
<i>Credit Card Type: (Circle one) Visa MasterCard Amex Diners Club Discover</i>		
<i>Credit Card Issuing Bank Name:</i>	<i>Bank Phone Number (from back of your credit card):</i>	
<i>I agree to cover the following categories of charges: (Please circle)</i>		
All Charges	Room & Tax	Food & Beverage Retail Recreation
<i>I agree to cover the above categories of charges up to a Maximum Amount of \$ _____</i>		

Note: Charges for room/tax or group deposits will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Hotel Use Only – Deposit to be immediately charged for room/tax or group event: \$ _____

By signing below, you authorize the hotel to charge your credit card up to the “Maximum Amount” indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: _____ Date: _____