



**CREDIT CARD AUTHORIZATION FORM**

This Agreement is entered into on \_\_\_\_\_, by and between the person(s) and company named below, hereinafter referred to as 'Cardholder' and The Townsend Hotel, hereinafter referred to as "Hotel".

Cardholder Name as it Appears on Credit Card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone # : \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail : \_\_\_\_\_

**For the following Event/Guest(s):**

<b>Conf#</b>	<b>Guest Name/Event</b>	<b>Arrival Date</b>	<b>Departure Date</b>
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**For the following charges to be incurred:**

All Charges \_\_\_\_\_ Room & Tax Only \_\_\_\_\_ Other \_\_\_\_\_

If other, please describe: \_\_\_\_\_

**Cardholder hereby authorizes Hotel to charge the following credit card:**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Exp. \_\_\_\_\_ Discover Card \_\_\_\_\_ Diners Club \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date Security Code

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**In order to process your request, a legible copy of the front and back of the credit card and a copy of the cardholder's picture ID with verified address must be submitted with this form.**

All reservations must be changed or cancelled by **12:00pm EST the day of arrival** in order to avoid a charge totaling the first night's room and tax to the credit card above. All **Executive Suites, Presidential Suites and Penthouse Suites** MUST be cancelled **7 days prior** to the day of arrival to avoid this cancellation charge. The arrival and departure dates shown above are for information purposes only. In the event your guest extends the above reservation (for arrival prior to or departure later than the above dates) the credit card above will be used for payment.

100 TOWNSEND STREET  
BIRMINGHAM, MICHIGAN 48009  
(248) 642-7900 HOTEL PHONE  
(248) 645-9061 HOTEL FAX