

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to RENAISSANCE DOHA CITY CENTER HOTEL, COURTYARD BY MARRIOTT DOHA CITY CENTER, and MARRIOTT EXECUTIVE APARTMENTS DOHA CITY CENTER at 00974.44195600.

Cardholder Information - Required

Name as it appears on the credit/debit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information - Required

Guest name: _____

Address: _____

City, State and Zip: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) _____

Guest signature: _____ Date: _____

Rate Information and Approved Charges - Required

Room rate: _____ Number of nights: _____

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet (Laundry) Parking HS Internet Access Movies

Visa Other: _____

I certify that all information is complete and accurate. I hereby authorize RENAISSANCE DOHA CITY CENTER HOTEL, COURTYARD BY MARRIOTT DOHA CITY CENTER, and MARRIOTT EXECUTIVE APARTMENTS DOHA CITY CENTER to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

