

Credit Card Authorization Form

Please complete all fields and return via Fax. (Fax #: 651-385-2507) A Hotel Supervisor or Manager will contact you via phone to collect the full card number and any other required details.

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| Credit Card Information |
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____ |
| Last Four Numbers on the Card: _____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |
| Cardholder Phone #: _____ Cardholder Email: _____ |

**A valid telephone number and email is required. If we are unable to contact you, your request will be cancelled.*

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

**The credit card listed above may be billed for the estimated charges Ten (10) days prior to event/reservation date*

** Room and fees on individual bookings will be charged day of reservation*

I hereby authorize the following charges to be applied to the credit card listed above. Check all that apply:

| | |
|--|---|
| | Room and All Applicable taxes & resort fees |
| | Food & Beverage |
| | All Incidentals |
| | Other Charges: |

Comments or Special Instructions:

Customer Signature

Date

TI receiving personnel Name: _____ Date: _____