



**CREDIT CARD AUTHORIZATION FORM**

**INFORMATION:**

Name of Guest: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CCV (3 Digits on Back) \_\_\_\_\_ Expiration: \_\_\_\_\_

Circle One: VISA AMEX MC DISCOVER

Date of Event: Wednesday March 14, 2018

**AUTHORIZED CHARGES:**

\_\_\_\_\_ Supplier Fee \$125.00

\_\_\_\_\_ Planner Fee \$80.00

\_\_\_\_\_ PNW SGMP Chapter Spring Workshop \_\_\_\_\_

**AUTHORIZED USERS**

*Please list any other users that will be able to use the above card number as payment for charges incurred at this establishment.*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

I hereby acknowledge that the total charges listed on this form are an estimate of all charges that may be incurred during my business with the hotel. I agree to have my credit card authorized and charged for all charges incurred at the hotel. ***I also agree to provide a copy of the front and back of both the credit card and picture identification as a means to validate the authenticity of the credit card.*** The Hotel will provide a receipt as a means to justify the amount charged to my credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT USE: ACCOUNTING USE ONLY**

Authorized Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorization Number: \_\_\_\_\_  
Person Authorizing Credit Card: \_\_\_\_\_