



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: 717-334-0456 ATTN: Sales Department _____

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.

Cardholder Name as it Appears on Credit Card:		
Credit Card Billing Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	
Credit Card Number:	Expiration Date:	
Credit Card Type: (Circle one) Amex Diners Club JCB		Visa/MasterCard
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle) All		
Charges	Room & Tax	Food & Beverage Retail Recreation
I authorize a non-refundable deposit/payment of \$ _____ to be charged to my credit card to cover the categories of charges up to the estimated balance of my account.		
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: _____