

# COURTYARD<sup>®</sup> Marriott<sup>®</sup>

## 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: 717-334-4446 ATTN: Colleen George**

### 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)				
Visa/MasterCard	Amex	Diners Club	Discover	JCB
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 agree
to cover the above categories of charges up to a Maximum Amount of \$_____				

**Note: Charges for room/tax or group deposits will be charged as arranged in your contract. If no specifications, total amount will be charged upon 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: \_\_\_\_\_