

Credit Card Authorization Form

BUSINESS CONTACT INFORMATION		
TODAY'S DATE:	EVENT DATE:	
NAME OF COMPANY OR INDIVIDUAL(S) ("YOU") :		
PHONE:	FAX:	
COMPANY/INDIVIDUAL ADDRESS:		
CITY:	STATE:	ZIP CODE:
CONTACT NAME:		
CREDIT CARD INFORMATION		
NAME OF CARD HOLDER:		
LAST FOUR DIGITS OF CREDIT CARD NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PLEASE NOTE: ENTER FULL CARD NUMBER AT BOTTOM OF PAGE.		
EXPIRATION DATE:	CVV CODE:	
CARD TYPE: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER		
<input type="checkbox"/> COMPANY CREDIT CARD <input type="checkbox"/> PERSONAL CREDIT CARD		
COMPANY NAME:		
AGREEMENT		
1. This information is required for Credit Card Authorization and must be returned with signed contract. 2. I authorize UNIT NAME to charge the above named account for the charges listed below: List Charges: _____ 3. I agree to pay the above total amount according to card issuer agreement.		
SIGNATURE		
X _____ Title: _____ Date: _____		

FULL CREDIT CARD NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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To protect your sensitive credit card information, DO NOT EMAIL THIS FORM. When you return it, fax the Hotel fax secure line at 309-756-4706.