

Hotel: Address: Hotel Phone: GM Email:

CREDIT CARD AUTHORIZATION FORM

By duly signing this document below; I am authorizing Hotel to make the following reservations & charge the Credit Card provided below. I fully understand the cancellation policy of the hotel. In the event that I fail to cancel the confirmed reservations below within the time permitted by the cancellation policy of the hotel and obtain a cancellation number, I understand that no show charges will be billed to my Credit Card. I agree that my liability for any charges charged to my account will not be waived.

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| --- | --- | --- | --- |
| **Name of Guest or Meeting** | **Arrival Date** | **Departure Date** | **Confirmation Number** |
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|  |  |  |  |

# CC Authorized For : Deposit CC Authorized For : AX

# VI

Room & tax

# MC

All Charges

# DC

Meeting Room

**Direct Bill**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Credit Card No:** |  | **Exp. Date:** |  | **SSC Code:** |  |
| **Signature:** |  | **Name on Card:** |  | | |
| **Front of card holder’s Credit Card:** | | **Front of card holder’s ID: (Driver’s License)** | | | |
|  | |  | | | |

PLEASE FAX FORM BACK TO HOTEL

HAVEN MANAGEMENT SERVICES LLC. CREDIT CARD AUTHORIZATION FORM 2018.1