



Grand Mound, WA

### 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: 360-347-0030 ATTN:** \_\_\_\_\_

**HOTEL USE ONLY** **Date Received By Hotel:** \_\_\_\_\_

|   |                |       |
|---|----------------|-------|
| Authorized Amount:  | Approval Code: | Date: |
| Credit Card Security Check with Bank Complete (Signature) |                |       |

***CARDHOLDER - Please complete the following section and sign/date below.***

|   |  |   |
|---|--|---|
| Guest/Group Name:   |  |   |
| Check-In/Event Date:  | Confirmation Number/Event Number                   |   |
| Name of Person Making Reservation:  | Phone:   |   |
| 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 |  |   |
| Credit Card Issuing Bank Name:  | Bank Phone Number (from back of your credit card): |   |
| <i>I agree to cover the following categories of charges: (Please circle)</i>                            |  |   |
| All Charges   | Room & Tax   | Food & Beverage        Retail        Recreation |
| <i>I agree to cover the above categories of charges up to a <b>Maximum Amount</b> of \$ _____</i>       |  |   |

**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: \_\_\_\_\_