



Niagara Falls, ON

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: 905-354-5588 ATTN: Guest Services

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 / 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 Maximum Amount 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: _____