



Pocono Mountains, PA

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests will be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract. The following is also required:

- Include a copy of the **cardholder's driver's license**; this is required for validation.
- Name and Billing Address on the ID must match the Credit Card.
- **Do not email this form.**
- Fax Form to: **570-688-9896** Attention: Guest Services

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:	
Last Four Digits of Credit Card:	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):
Is this card linked to a checking/Debit account? (Please circle one)	YES NO

I agree to cover the following categories of charges:

Room & Tax (including deposit)	\$ _____
Other Expenses	\$ _____
Total Amount	\$ _____

By signing below, you authorize the hotel to charge your credit card up to the "Maximum Amount" indicated above.

Cardholder Signature: _____

Date: _____

HOTEL USE ONLY

Date Received By Hotel: _____

Deposit to be immediately charged for room/tax or group event:		
Authorized Amount:	Approval Code:	Date:
Credit Card Security Check with Bank Complete (Signature) :		