Traverse City, MI

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: **231-941-3700** Attention: Guest Services
- Form is only valid for guests with billing addresses in the U.S.

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 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) :		