

Credit Card Authorization Form

This form authorizes a property to charge the below stated items to the credit card provided. Please fax this form to the property at least **72 hours prior to guest arrival** to ensure that the request is processed.

Four Seasons	Property:									
Group Name: Arrival DateK	MM/DD/YYYY									
I hereby authoriz Check all that a		harges, ir	ncluding	applicable tax	es, to be a	applied to th	e following	credit	card.	
All Charges		Gift 0	Gift Certificate			Comments / Amount authorized :				
Room and Tax		Gues	Guest Amenity							
Food and Beverage			Parking							
Incidentals		Othe	Other (see comments)							
Credit Card:	American Ex	press	Visa	Mastercard	Discover	Diner's	Club JC	В	UnionPay	
Credit Card #:					Expiration Date: MM/DD/YYYY					
Name on Card:										
Address:										
City:					State:		Zip:			
Country:				Telephone:						
Card Holder Signature					Date					
Form Submitted	l by (Name/7	cadUby)	:							

By submitting this form I confirm that I have the authority to do so and that I have read and agreed to the use of personal information that I am providing in accordance with <u>Four Seasons Privacy Policy</u>.

Please fax this completed form directly to the property. For a list of all properties and their fax numbers visit http://www.fourseasons.com/meetings and events/worldwide sales office/

Note: Certain properties may require additional information to complete the credit card authorization process. If necessary, you will be contacted directly by the hotel or resort to provide the additional supporting documentation. For international hotels, the credit card's issuing bank may also charge an international service fee, which will be posted to the credit card statement and for which the hotel is not liable. Form Made Fillable by AuthorizationForms.com