



## CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Group Arrival \_\_\_\_\_ Group Departure: \_\_\_\_\_

Group Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Card Billing Address \_\_\_\_\_

\_\_\_\_\_

Credit Card Number

Expiration Date:

\_\_\_\_\_

Signature as it Appears on the Credit Card

\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize La Quinta Convention Center to bill  
(Print cardholder's name)

My credit card for the following charges:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Room & Tax                 | <input type="checkbox"/> Long Distance Calls & Faxes | <input type="checkbox"/> In Room Movies        |
| <input type="checkbox"/> Meeting Room Rental        | <input type="checkbox"/> Catering                    | <input type="checkbox"/> Valet/Laundry Charges |
| <input type="checkbox"/> Valet/Self Parking Charges | <input type="checkbox"/> Bar Charges                 | <input type="checkbox"/> Deposit of _____      |
| <input type="checkbox"/> Other _____                |  |  |

**\*Please attach a front copy of the credit card and photo identification of the card holder to this authorization form.**

**\*\*Without the copy's of the above items, this form will not be honored.**

**\*\*\* Credit Card will be charged by hotel upon receipt of this form**