



Hotel Name: _____

Address: _____ Address 2 _____

City: _____ State: _____

Marriott Credit Card Authorization Form

Guest Name: _____

If multiple names, hotel requires (1) credit card authorization form per person, per stay.

Confirmation Number: _____

Arrival Date _____

Cardholder's Name _____

Cardholder's Telephone Number _____

Cardholder's Email Address _____

Cardholder's Billing Address _____

City _____ State _____ Zip _____

CC Type _____

CC Number _____ EXP Date _____ / _____

Authorized Charges to be place on Credit Card (Circle all which apply)

- **FOOD/BEVERAGE CHARGES**
- **ROOM/TAX ONLY**
- **SELF-PARKING**
- **VALET PARKING**

- **ALL CHARGES**

***Note** – Charges for room and tax, group deposits, or direct bill account payments will be charged to your credit card immediately upon receipt of this form. Any incidental charges circled above will be charged at time of check out.

Cardholder's Signature _____

Please fax this form to _____