



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to the hotel. The hotel fax number can be found on the hotel's website. Do not send photocopy of the front or back of the credit card with this form, as this is against credit card company regulations.

**Cardholder Information - Required** Name

as it appears on the credit/debit card:

Card type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account type:  Personal  Corporate | Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(where statement is mailed)

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Guest Information - Required**

Guest name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Confirmation \_\_\_\_\_ number: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_ Relation to cardholder:

Relative  Friend  Business Associate  Other: \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) \_\_\_\_\_

Guest signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rate Information and Approved Charges - Required**

Room rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_  
nights: \_\_\_\_\_

Total daily rate:\* \_ Number of

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form) All

- |                                       |  |   |   |                                     |
|---------------------------------------|--|---|---|-------------------------------------|
| <input type="checkbox"/> Charges Room | <input type="checkbox"/> Room & Tax      | <input type="checkbox"/> Telephone (LD) | <input type="checkbox"/> Telephone (Local)  | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Service      | <input type="checkbox"/> Valet (Laundry) | <input type="checkbox"/> Parking        | <input type="checkbox"/> HS Internet Access | <input type="checkbox"/> Movies     |
| <input type="checkbox"/> Other:       | _____                                    |   |   |                                     |

I certify that all information is complete and accurate. I hereby authorize Marriott Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (P rinted) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

The contents of this material are confidential and proprietary to Marriott International, Inc. and may not be reproduced, disclosed, distributed or used without the express permission of an authorized representative of Marriott. Any other use is expressly prohibited.