



**CREDIT CARD AUTHORIZATION FORM**

Name of Guest: \_\_\_\_\_  
Function or Group \_\_\_\_\_  
Name of Cardholder: \_\_\_\_\_  
Printed  
Address: \_\_\_\_\_  
State, City, Zip: \_\_\_\_\_  
Best Contact Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_  
Estimated Total of Charges: \$ \_\_\_\_\_  
Date of Function or Reservation Date: \_\_\_\_\_

**AUTHORIZED USERS OF CREDIT CARD**

Please list any other users that will be able to use the above card number as payment for charges incurred at this establishment.

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

**AUTHORIZED CHARGES TO CREDIT CARD**

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Room and Tax	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Audio Visual
<input type="checkbox"/>	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Liquor
<input type="checkbox"/>	<input type="checkbox"/>	Lounge	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Food
<input type="checkbox"/>	<input type="checkbox"/>	Parking	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Room
<input type="checkbox"/>	<input type="checkbox"/>	Long Distance	<input type="checkbox"/>	<input type="checkbox"/>	Shipping/Receiving
<input type="checkbox"/>	<input type="checkbox"/>	Dry Cleaning			
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please Specify): _____			

**Please fax completed/signed form and legible copy of the photo ID to the Hotel's secure and encrypted fax number 206-971-8085.**

I hereby acknowledge that the total of charges listed on this form is an estimate of all charges that may be incurred during my business with the hotel. I agree to have my credit card charged 3 business days in advance for all charges. I also agree to provide a copy of photo identification as a means to validate the authenticity of this authorization. The Hotel will provide a receipt for the amount charged to my credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT USE - ACCOUNTING USE ONLY**

Authorized Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Authorization Number: \_\_\_\_\_  
Name of person authorizing credit card: \_\_\_\_\_