



2 South 4th Street
St. Louis, MO 63102

Attachment #1: Credit Card Authorization Form

Please fill out the entire form. Only completed forms will be processed.

I authorize payment and agree to pay for the following charges associated with the upcoming stay by the Group:

- Room Charges and all applicable taxes, if valid payment is not paid within the time period set forth in the Hotel Confirmation Agreement signed by the Hotel and Group ("Agreement"), attached to this Credit Card Authorization Form and incorporated herein.
- Any attrition and/or cancellation fees payable by Group for failure to fill or for cancellation of the contracted Group room block as set forth in the Agreement, attached to this Credit Card Authorization Form and incorporated herein.
- Guest Pantry, if available
- Dry Cleaning
- Other (please specify other; i.e., parking at select locations): _____

for the named Group identified as _____ in the Agreement at the Hotel

known as _____ and located at

_____ arriving

on _____. I certify that I am the cardholder of the credit card identified below and am authorized to bind the Group to pay for the charges set forth above.

Cardholder's Signature _____

Cardholder's name as it appears on the credit card (please print):

Indicate Card Type American Express Discover Visa MasterCard Diners Club International

Enter the full credit card number _____ Exp Date: _____

Cardholder's Phone Number _____

Cardholder's Billing Address _____

Cardholder's City / State / Zip _____

This Authorization is part of Agreement between the parties, as indicated above, and may only be supplemented or changed in writing. There are no restrictions or conditions on this Authorization unless otherwise written above.

Please fax completed form to (888)-260-9432