

Credit Card Authorization Form

This Credit Card Authorization form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing. We ask you to please sign and date the form before submission.

Please send the completed form to:
Jason Somers
Wisconsin Elks Grand Lodge Attendance Chairman

Cardholder Information - REQUIRED	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yyyy):	____ / _____
ZIP Code (from credit card billing address):	
Guest Information - REQUIRED	
Guest Name:	
Address:	
City, State and Zip:	
Phone Number:	
E-mail:	
Arrival Date: ____ / ____ / ____	Departure Date: ____ / ____ / ____
Rate Information and Approved Charges - REQUIRED	
Room Rate: _____	Number of nights: _____
<input type="checkbox"/> All Charges <input type="checkbox"/> Room Deposit <input type="checkbox"/> Room & Tax <input type="checkbox"/> Telephone Charges <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Room Service <input type="checkbox"/> Valet/Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Movies <input type="checkbox"/> 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.

Guest Signature

Date

I, _____, certify that all information is complete and accurate. I hereby authorize **Crowne Plaza Baltimore Downtown Inner Harbor** 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.

Cardholder Signature

Date