



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 3 business days prior to the Check-In, to ensure acceptance of the credit card to be charged.

FAX COMPLETED FORM TO: 313-787-4011

CARDHOLDER - Please complete the following section and sign/date below.

Name of Guest: If paying for more than one guest, please attach a rooming list.			
Check-In Date:		Confirmation #:	
Name of Person/Group Making Reservation:		Phone:	
Email Address of Cardholder:			
Cardholder Name as it Appears on Credit Card:			
Cardholder Billing Address:			
City:		State:	Zip:
Daytime /Business Telephone of Cardholder		Evening Telephone:	
LAST 4 DIGITS OF CREDIT CARD ONLY:XXXXXXXXXX		Expiration Date	
NOTE; A HOTEL REPRESENTATIVE WILL CALL YOU FOR THE REMAINING NUMBERS ON YOUR CREDIT CARD.			
Credit Card Type: (Circle one) Visa/MasterCard American Express Discover JCB Diners Club			
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle) Room & Tax Only All Charges Food & Beverage Only Miscellaneous			

Note: The amount for room and tax will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

By signing below, you authorize the hotel to charge your credit card immediately for the room and tax charges for the guest(s) you requested. You further acknowledge that if you have selected any other charges to pay, then those guest related charges minus any prepaid amounts will be charged to the above card number at the time of check-out..

(Actual Signature Required)

Signature of Cardholder:

Date