

# THIRD PARTY CREDIT CARD AUTHORIZATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Cardholder |  | | |
| Credit Card Number |  | Expiry Date |  |
| Type of Credit Card |  | | |
| Billing Address |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| Phone # |  |  | |

**The undersigned agrees that s/he is an authorized user of the above-mentioned credit card. The cardholder authorizes COMPANY NAME to charge this credit card for the following:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Room |  | | | Airport Pick Up |  | | Airport Drop Off | |  | Visa Charge |  |
| Others charges | | |  | | | | | | | | |
| Amount USD: | |  | | | | All Charges | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GUEST FULL NAME** |  | **ARRIVAL** |  | **DEPARTURE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Signature of Cardholder: |  |

**PLEASE FAX A COPY (FRONT & BACK) OF YOUR CREDIT CARD AND ID**

**Contact Information:**

123 Park Avenue, Michigan 69789 MI

Telephone: 123-456-7899, Fax: 123-123-4567