



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

FAX FORM TO: 843-918-5001 ATTN: FRONT DESK

Date: _____

| | | | |
|---|-------------------------------|--|---|
| Guest / Group Name: | | | |
| Check-In / Event Date: | | Confirmation / Event Number: | |
| Cardholder Name as it Appears on Credit Card: | | | |
| Credit Card Billing Address: | | | |
| City: | State: | Zip: | |
| Daytime Phone: | | Evening Phone: | |
| Credit Card Number: | | | Expiration Date: |
| Credit Card Type: (Circle one) | | | |
| <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> JCB | <input type="checkbox"/> Amex | <input type="checkbox"/> Diners Club | <input type="checkbox"/> Discover |
| 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) | | | |
| <input type="checkbox"/> All Charges <input type="checkbox"/> Recreation | | <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Retail |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ _____ | | | |

Note: Charges for room/tax or group deposits will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Deposit to be immediately charged for room/tax or group event: \$ _____

By signing below, you authorize the hotel to charge your credit card up to the "Maximum Amount" indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____