MARRIOTT
HOTELS & RESORTS

Credit Card Authorization Form

Dear Sir/Madam,

This 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 of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **Event Management at 714.748.2449.**

Cardholder Information

Name as it appears on the credit card: _____

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Individual (personal credit card)

☐ Corporate │ Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: ☐ Relative ☐ Friend ☐ Business Associate ☐ Other: _____

Rate Information and Approved Charges

Room rate:* $ _____ Taxes:* 17% + $0.81 Total daily rate:* $ _____ Number of nights: _____
*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

☐ All Charges ☐ Room & Tax ☐ Telephone (LD) ☐ Telephone (Local) ☐ Restaurant

☐ Room Service ☐ Valet (Laundry) ☐ Parking ☐ HS Internet Access ☐ Movies

☐ Other: _____

I certify that all information is complete and accurate. I hereby authorize the **Anaheim Marriott Hotel** 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 card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____