



## Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions.** 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 the property at least 5 business days prior to check-in, or by specified date in Event Contract to ensure acceptance of the credit card to be charged. **Do not send the completed form by email.**

### **CARDHOLDER INFORMATION - Required**

Name as it appears on the credit/debit card: \_\_\_\_\_

Card Type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account Type:  Individual -  Debit /  Credit

Corporate - Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Exp.Date: \_\_\_\_\_

Address (statement): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax or Alternate Number: \_\_\_\_\_

### **GUEST INFORMATION - Required**

Guest Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax or Alternate Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Relation to Cardholder:  Relative

Friend

Business Associate

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. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) \_\_\_\_\_

Guest Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **RATE INFORMATION AND APPROVED CHARGES - Required**

Room Rate:\* See other Taxes:\* See Other Total Daily Rate:\* See Other 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 Room rate, meal package plan and taxes

I certify that all information is complete and accurate. I hereby authorize **The Sagamore Resort** 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. 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/debit card listed above.

Cardholder Name: (Printed) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please do not send a photocopy of the front or back of your credit card.