



Credit Card Authorization Form
Group Events

Please complete all information below. Any incomplete forms will not be processed. This form must be received by specified date in sales contract, or by hotel requested date.

Fax Completed Form To: (407) 313-8485
Please Call With Any Questions: (407) 313-8420

Group Name:
Event Dates:
Authorization Form For: Prepayment/Payment

CARDHOLDER TO FILL OUT:

Cardholder Name (as it appears on card):
Cardholder Billing Address:
City: State: Zip Code:
Phone: Email Address:
Credit Card Number: Expiration Date:
Credit Card Type (circle one): American Express Visa/MasterCard Diners Discover
Issuing Bank Name: Phone Number (from back of card):

HOTEL USE ONLY:

Initial Billing Amount: Authorization Code: Date:
Final Billing Amount: Authorization Code: Date:

If this form is being used for prepayment or deposits, the estimated amount will be billed upon receipt. The balance remaining, if any, will be billed upon event conclusion. If the card is being used for Payment Guarantee or Room Block Guarantee, then the card will be charged only if payment is not made as agreed to per sales contract. By signing below, you agree and acknowledge these terms.

Cardholder Signature: Date: