



520 Queen City Parkway, Gainesville, GA 30501
Telephone: 770-535-8100 Fax: 770-536-6089

CREDIT CARD AUTHORIZATION

Date: _____

Attention: _____

Fax no: _____

This is to confirm: _____

(Guest's Name-attach list if more than a single individual is authorized)

is authorized to use my credit card for payment of their charges while staying at the hotel.

Dates: Arrival ____/____/____ Departure ____/____/____
(Enter both)

Card Type: Master Card Visa American Express Discover
(Circle one)

Name on card: _____
(Please print and send copy of I.D.)

Credit Card Number: _____
(Please send copy of card)

Expiration Date: ____/____ Authorization Code: _____
Mon /Year (on back of card)

I understand that I am responsible for all charges incurred to this account, as specified.
(Initial the level in which you intend to pay for)

- a. Room and Tax Only: _____ *(Guest must pay ALL incidental charges)*
- b. Room, Tax, Fax/Phone Charges: _____
- c. All charges: _____

Card Holder's Signature: _____

Please fax this form and the request copies (front and back).
(Attach any additional request or notes along with fax)