

**CREDIT CARD AUTHORIZATION
ADVANCE DEPOSIT AUTHORIZATION**

GUEST/GROUP NAME: _____

Charges Approved for Billing to Credit Card:

All Charges	Banquets	Room & Tax
Retail Outlets	Restaurants	Self-Parking
Telephones	Valet Parking	Movies
Other:	_____	

Advance Deposit in the amount of: \$ _____

CREDIT CARD TYPE:

American Express Visa MasterCard Discover Diners Club

**PLEASE FAX THIS FORM BACK WITH A COPY OF THE CREDIT CARD HOLDERS DRIVERS LICENSE
AND THE FRONT AND BACK OF THE CREDIT CARD.**

Credit Card Number: _____ Expires: _____

Name on Card: _____

Billing Address: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

AUTHORIZATION

**I/WE HEREBY AUTHORIZE ANY AND ALL CHARGES LISTED ABOVE INCLUDING ANY
DAMAGES TO THE ROOM OR PROPERTY FOR THE ABOVE GROUP/INDIVIDUAL TO BE
PROCESSED TO THE AFOREMENTIONED CREDIT CARD BY THE RADISSON PLAZA
HOTEL.**

** IF THE AUTHORIZED SIGNATURE ABOVE DID NOT SELECT ALL CHARGES, THE ARRIVING GUEST MUST
PRESENT A CREDIT CARD UPON CHECK IN.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **TITLE:** _____

NOTICE: IN THE EVENT THIS ACCOUNT BECOMES DELIQUENT, ALL WRITTEN AND VERBAL COMMUNICATIONS
WILL BE AN ATTEMPT TO COLLECT THE DEBT AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE.

Hotel Representative: _____ Phone: (269) 343-3333 Ext. _____

-----Hotel Use Only-----

CC Authorization # _____ Amount Charged: \$ _____ Date: _____

Confirmation/Folio # _____

