



CREDIT CARD AUTHORIZATION FORM

This Agreement is entered into on _____, by and between the person(s) and company named below, hereinafter referred to as 'Cardholder' and The Townsend Hotel, hereinafter referred to as "Hotel".

Cardholder(s): _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone # : _____ Fax # _____

E-mail : _____

For the following Event/Guest(s):

<u>Conf#</u>	<u>Guest Name/Event</u>	<u>Arrival Date</u>	<u>Departure Date</u>
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For the following charges to be incurred:

All charges _____ Room & Tax Only _____ Other _____

Please describe: _____

Cardholder hereby authorizes Hotel to charge the following credit card:

Visa _____ MasterCard _____ American Exp. _____ Discover Card _____ DinersClub _____

Credit Card Number: _____ / _____
Expiration date

Cardholder's Signature Date

Print Name

Please complete all information above. **Please include a photo copy of the front and back of credit card** and return with this authorization form. All reservations must be changed or cancelled by **12: 00pm the day of arrival** in order to avoid a charge totaling the first night's room and tax to the credit card above. All **Executive Suites, Presidential Suites** and the **Penthouse Suites** MUST be cancelled **7 days prior** to the day of arrival to avoid this cancellation charge. The arrival and departure dates shown above are for information purposes only. In the event your guest extends the above reservation (for arrival prior to or departure later than the above dates) the credit card above will be used for payment. In addition, the credit card on file will be used to pay all charges not covered by your guest.