GROUP PAYMENT AUTHORIZATION FORM

Company/Group Name: _____

Hotel Name: _____

PAYMENT TYPE:

☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners Club

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

☐ **Check (Checks should be made payable to your assigned hotel)**

Check Number: _____ Check Date: _____

☐ **Wire Transfer (Please provide a copy of the confirmation receipt with this form)**

Wire Transfer #: _____ Wire Date: _____

Please indicate below the number of rooms to be utilized each night:

Date	Number of Rooms Reserved
Wednesday, October 25	
Thursday, October 26	
Friday, October 27	
Saturday, October 28	
Sunday, October 29	
Monday, October 30	
Tuesday, October 31	
Wednesday, November 1	
Thursday, November 2	

Calculate the full amount to be charged by the hotel:

Room Rate $_____ + Tax Rate _____ + Hotel Fee _____ (if applicable) = $_____

$_____ x Total Room Nights _____ = $_____

TOTAL AMOUNT TO BE CHARGED: $_____

Please sign below to indicate that you authorize this prepayment and that you fully understand and agree that this payment is 100% non-refundable.

Signature of Cardholder/Contact: _____

Printed Name: _____

Date: _____

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