



1601 Biscayne Blvd, Miami, FL 33132

Please Fax to the Following:

Reservations (305) 714-3654 / Sales (305) 714-3641 / Accounting (305) 714-3642

Credit Card Authorization Form

GUEST SLEEPING ROOM CHARGES:

All Charges Room and Tax Food and Beverage Other, please list: _____

Guest Name(s): _____

Arrival Date: _____ Departure Date: _____

Amount to Charge: \$ _____

GROUP MEETING RELATED CHARGES FOR GROUP NAME: _____

All Charges to Master Account Banquets/Catering Audio Visual To Guarantee Master Account

Other, please list: _____

Amount to Charge: \$ _____

BILLING INFORMATION AS IT APPEARS ON YOUR ACCOUNT:

First Name: _____ MI: ____ Last Name: _____

Business Name: _____

Billing Address: _____

Home or Business Phone: _____ E-mail: _____

AUTHORIZATION:

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above. You further acknowledge that if "all charges" has been selected, then all guests/group related charges (less Deposit) will be charged to the below credit card number at the time of check-out or event conclusion.

Advisory: Charges for room and tax or group deposit payments will be charged to your credit card immediately. Any incidentals charges selected above will be charged at the time of check-out. Debit Card users only, the authorization amount may affect your checking account until settlement of transaction.

FOR HOTEL USE ONLY:
Agent Name: _____
Date Completed: _____
Amount Charged: \$ _____
Last (4) Digits of Credit Card: _____
Expiration Date: _____
Address Verification: _____

Cardholder Signature: _____ Date Signed: _____

Card Type: American Express Visa MasterCard Discover Diners

Credit Card Number: _____ Exp _____ / _____

Issuing Bank: _____ Bank Phone Number (from back of credit card) _____

Full Credit Card Number under dotted line will be shredded upon charging