# CREDIT CARD PAYMENT AUTHORIZATION FORM

***Due to PCI Compliance, this form must be faxed or mailed.***

***Do not send completed forms by email.***

***Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.****DO NOT SEND COMPLETED FORMS BY EMAIL. FORMS MAY ONLY BE SENT BY FAX OR MAIL.*

**FAX COMPLETED FORM TO:** *608-535-8204.*

Group Information

|  |  |  |
| --- | --- | --- |
| Group Name: |  |  |
| Group Name: |  |  |
| Check-In/Event Date: |  |  |

Cardholder Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cardholder Name as it Appears on Credit Card: | | | | | | |  | | | | | | |
| Cardholder Billing Address: | | |  | |  | | | |  | | | | | |
| City: |  | | | | State: |  |  | Zip: | | |  | | |
| Daytime /Business Telephone: | | | |  |  | |  | | | | |
| Credit Card Number: | |  | | | | | | | | Expiration Date: | | |  |
| Credit Card Type: (Circle one)  Visa/MasterCard American Express Discover JCB Diners Club | | | | | | | | | | | | | |

Statement of Cardholder

I agree to cover the following categories of charges: (Please circle)

All Charges Room & Tax Food & Beverage Retail Recreation

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

Final Balance Billed to Credit Card (hotel use only): $

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

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_