



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application.

- We ask you to please sign and date the form before submission.
- Please fax the completed form during normal business hours (M-F, 8am – 4:30pm) to {SHIPPING & RECEIVING DEPT.} FAX number {251-929-2745}. E-mail: shipping.receiving@grand1847.com
- Do not send photocopy of the front or back of the credit card with this form, as this is against credit card company regulations.

Cardholder Information – Required

Name as it appears on the credit/debit card: _____

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Personal ☐ Corporate | Company Name: _____

Issuing Bank: _____ Phone #: _____

Account number: _____ Exp. Date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Group and/or Guest Information – Required

Guest/Organization Name: _____

Address: _____

City, State and Zip: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Email Address: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: ☐ Relative ☐ Friend ☐ Business Associate ☐ Other: _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) _____

Guest signature: _____ Date: _____

Rate Information and Approved Charges – Required

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

☐ All Charges ☐ Room & Tax ☐ Telephone (LD) ☐ Telephone (Local) ☐ Restaurant

☐ Room Service ☐ Valet (Laundry) ☐ Parking ☐ HS Internet Access ☐ Movies

☐ Banquets: ☒ Other: **DRAYAGE CHARGES**

I certify that all information is complete and accurate. I hereby authorize THE GRAND MARRIOTT HOTEL to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____