



**Conference & Golf Hotel**

## FRONT DESK - CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ authorize the Ramada Conference & Golf Hotel to process the credit card listed below for payment on the following reservation(s):

Guest Name(s): \_\_\_\_\_

Date(s) of Reservation: \_\_\_\_\_

Reservation Confirmation #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's Daytime Phone #: \_\_\_\_\_

Please circle the charges for which the above credit card is to be charged:

Room & Tax

Restaurant

Lounge Charges

Long Distance Phone charges

Meeting & Banquet Charges

All Charges

Please attach a copy of the credit card.

Upon completion, please fax to **Front Desk** at (814) 237-1345