



**LAKE TAHOE RESORT HOTEL**

**Credit Card Payment Authorization Form**

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 10 business days prior to the check-in, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.*

EMAIL COMPLETED FORM TO cschmidt@tahoeresorthotel.com

**CARDHOLDER - Please complete the following section and sign/date below.**

Guest / Group Name:				
Check-In / Event Date:				
Name of Person/Group Making Reservation:			Phone:	
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:		State:		Zip:
Daytime /Business Telephone:			Evening Telephone:	
<b>Credit Card Number: (Last 4 digits only)</b>			<b>Expiration Date:</b>	
Credit Card Type: (Circle one)				
<input type="radio"/> Visa/MasterCard	<input type="radio"/> American Express	<input type="radio"/> Discover	<input type="radio"/> JCB	<input type="radio"/> Diners Club
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):	
<b>The Company agrees to pay for the following categories of charges: (Please circle)</b>				
<b>Room &amp; Tax/Resort Fee</b>	<b>Valet Parking</b>	<b>Room Service</b>	<b>Echo Restaurant</b>	<b>Banquet/Meeting Charges</b>
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)				
Name on Invoice/Statement _____			Date on Invoice/Statement _____	
Invoice/Statement Number _____			Authorized Amount \$ _____	

Amount to be charged to credit card for deposit upon receipt of signed contract: \$ \_\_\_\_\_

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

By signing below, you authorize the hotel to charge your credit card for Master Account charges at the conclusion of your program. You further acknowledge that if "All Charges" has been selected, then all guest incidental/group related charges will be charged to the above card number at the time of check-out or event conclusion.

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

**HOTEL USE ONLY:**

Authorized Amount:	Approval Code:	Date:
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