

hotel SKYLER

Credit Card Authorization

Date: _____ Confirmation Number: _____

This is to confirm _____ is authorized to use my credit card for payment of the following charges while staying at Hotel Skyler:

_____ ALL Charges*

_____ Room and room tax charges (tax exempt guests must have form)

_____ Local phone calls

_____ Long distance phone calls

_____ Restaurant charges

_____ Laundry charges

_____ Banquet and meeting room charges

_____ Other: _____

**If you are not paying for all charges, please inform the guest that they will need to provide a credit card at check-in for any incidentals. We do not require a credit card from the guest if you are paying for all charges.*

Arrival date ____/____/____ Departure date ____/____/____

Name on credit card: _____

Card number: _____ Expiration date: _____

Please Note: You must supply us with a copy of the front and back of the credit card and a copy of the authorizing person's ID.

Please call me at _____ if you have any questions. I understand that I am responsible for all charges noted above that are incurred on this account.

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S NAME: _____