



**49-499 Eisenhower Drive
Post Office Box 69
La Quinta, CA 92253
(760) 564-4111 – (760) 564-5734**

CREDIT CARD AUTHORIZATION FORM

GROUP NAME: _____

DATE OF FUNCTION: _____

ACCOUNT NUMBER: N/A

I hereby authorize La Quinta Resort & Club to post all deposits and the required estimated payment in full to the following credit card:

I also understand that if the actual total amount of the bill exceeds the total prior amount paid to the hotel, the remaining balance will be also applied to the credit card.

Please Check One: Visa M/C AMEX Discover

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE ON CREDIT CARD: _____

AUTHORIZED SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____