



**Arizona Biltmore Resort and Spa
The Waldorf-Astoria Collection
Credit Card Payment Authorization Form**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: 602 954 2588

ATTN: Ruth Roberts

HOTEL USE ONLY:

Date: _____

Authorized Amount: _____	Approval Code: _____	Date: _____
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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: _____	
Credit Card Number: _____			Expiration Date: _____	
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): _____	
I agree to cover the following categories of charges: (Please circle)				
<input type="radio"/> All Charges	<input type="radio"/> Room & Tax	<input type="radio"/> Food & Beverage	<input type="radio"/> Retail	<input type="radio"/> Recreation
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 \$ _____	

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

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

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____