



Credit Card Authorization Form

Dear Sir or Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card.

Please provide all information requested below to ensure proper payment processing.

Please sign and date the form at the bottom. Please Fax to Front Desk: 315-303-1610 OR Finance: 315-424-6093

Cardholder Information:

Name as it appears on the credit card \_\_\_\_\_

Corporate/Organization name on the card \_\_\_\_\_

Must complete Organization name when claiming tax exemption

Credit Card Expiration Month/Year \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Circle Card Type: American Express Discover MasterCard Visa Diners Club

Address where statement is sent:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Guest/Event Information

Guest or Event Name \_\_\_\_\_

Guest Room Confirmation Number \_\_\_\_\_ OR Event Quote Number M- \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Rate Information and Approved Charges

Room Rate \$ \_\_\_\_\_ (plus 15% Tax unless proper exempt documentation verified)

Please check all that apply:

All Charges Room and Tax Telephone High Speed Internet

Restaurant Room Service NO ALCOHOL

Valet Parking Garage Self-parking Gift Shop

Event Charges Other \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Marriott Syracuse Downtown to collect all payment for all charges as indicated in Rate Information and approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \$ \_\_\_\_\_ for the entire stay/event. I understand a new form will need to be completed if guest wishes to extend their stay. I certify I am the authorized signer of the credit card listed above.

Cardholder Name Printed: \_\_\_\_\_

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