

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MasterCard Amex

Card Number _____

Expiry Date _____

CCV Number _____

Billing Address _____

Phone Number _____

Function date: _____

Deposit Payment: _____

Food/Beverages: _____

Amount to be Charged _____

By signing this form, you authorize The Criterion Hotel/Motel to charge your card for the amount listed above plus any applicable credit card surcharges.

Signed: _____

Date: _____