

Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

Guest Information

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____
Guest Name: _____
Company Name: _____
Phone Number: _____
Address: _____
City, State, Zip: _____
Relation to Cardholder: Relative Friend Business Associate Other: _____
(if applicable)

Rate Information and Approved Charges:

THIS FORM IS NOT VALID UNLESS A SELECTION IS MADE

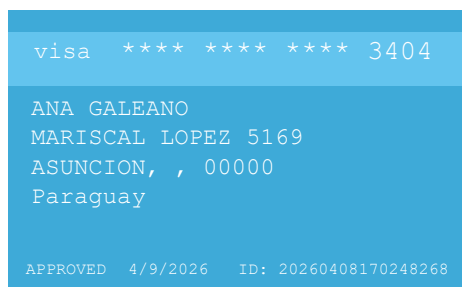
All Charges	Room & Tax	Telephone (LD)	Telephone (Local)	Restaurant
Room Service	Valet/Laundry	Parking	HS Internet Access	Movies
Event/Catering/Banquet Charges				
Other: _____				

Charges must not exceed _____ for the entire stay/event

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: _____

Comments/Special Requests:

Payment Information:



Cardholder Phone Number: _____

Acceptance and eSignature:

I authorize the hotel mentioned above to charge payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.

Cardholder Signature: ANA GALEANO

Date: 04/09/2026