



Authorization to Charge Credit Card

Complete & fax back to 860-395-0209

Guest/Group Name: _____

Arrival Date: _____

Billing Information

Room/Tax: The hotel will charge the entire stays room and tax to the credit card provided OR the number of nights indicated per the guest.

All Charges including any incidentals

Other/Estimated amount: _____

Exact Name on Card _____

Credit Card Type _____

Credit Card Number _____ Exp. ____/____

Company Name _____

Authorized Signature _____

Print Name _____ Today's Date _____

Cardholder Telephone _____ Fax: _____

Cardholder E-mail _____

Billing Address on Card _____

Processing of payment requires the following:

1. A LEGIBLE PHOTOCOPY (FRONT & BACK) OF CREDIT CARD
2. A LEGIBLE COPY OF A PHOTO ID OF THE CARD HOLDER