



The BRO^ADMOOR

Application for Credit Card Payment

| FOR OFFICE USE ONLY | |
|---------------------|--|
| CONF CODE | |
| GST NAME | |
| ARRIVAL | |
| AGENT/ DATE | |

I _____ hereby authorize the following charges to be placed on my credit card. I am aware of the Hotel's seven-day cancellation requirement and understand that if the reservation(s) is/are shortened or cancelled within seven (7) days prior to the arrival date, I will forfeit the deposit for the room(s). ***Please note that this application cannot be processed without all the following information completed.***

Please charge the following to my credit card. **Be advised that a credit card still will be required upon check-in unless All Charges** are going to the credit card on this application.**

- _____ **All Charges**** (include room, tax, daily service fee, public improvement fee, and all other charges made to this room account)
- _____ Room, tax, daily service fee, public improvement fee (PIF)
- _____ Other charges – Please specify _____ (e.g., valet parking, breakfast, dinner at Tavern)
- _____ Specified dollar amount – please indicate amount \$ _____

Please print the following information

Cardholder's name: _____

Credit card number: _____ Expiration date: _____

Credit card billing address: _____

Company: _____

City: _____

State: _____ Zip code: _____

Phone (W): _____ (H): _____

I am authorizing charges as indicated above for the following reservations (names/confirmation numbers):

| LAST NAME | CONF CODE/NUMBER |
|-----------|------------------|
| | |
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| | |
| | |

| LAST NAME | CONF CODE/NUMBER |
|-----------|------------------|
| | |
| | |
| | |
| | |

Cardholder's signature: _____ X Date: _____

Please fax this form to the reservations office at (719) 577-5738