

**CREDIT CARD AUTHORIZATION FORM**

CONTACT PERSON:

PHONE:

GUEST NAME:

GUEST CONFIRMATION #:

GUEST ARRIVAL DATE:

This Credit Card Authorization Form authorizes Hotel Albuquerque at Old Town to charge this credit card for charges selected below:

**PLEASE CHECK ONE:**

|  |  |
| --- | --- |
|  | GUARANTEE ROOM ONLY (Guest must present a valid credit card for All Charges upon arrival) |
|  | GUEST ROOM AND TAX CHARGES ONLY (Guest must present a valid credit card for incidentals upon arrival) |
|  | GUEST ROOM, TAX AND INCIDENTAL CHARGES (All charges, no credit card required upon arrival) |
|  | INCIDENTAL CHARGES ONLY |

If you do not check one of the following categories above all charges will be applied to the credit card below.

**CREDIT CARD INFORMATION:**

|  |  |
| --- | --- |
| CREDIT CARD TYPE: |  |
| CREDIT CARD NUMBER: |  |
| EXPIRATION DATE: |  |
| NAME ON CARD: |  |
| CARDHOLDER SIGNATURE |  |
| CARDHOLDER ADDRESS |  |
| CITY, STATE & ZIP |  |

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**Please return completed authorization via direct fax at 505-842-8426**

Hotel Albuquerque at Old Town is not responsible for charges incurred if using a Debit Card\*

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