

Credit Card Authorization Form

Dear Sir/Madam

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you please sign and date the form before submission. Please fax the completed form to {Marsha Clarke-Daley} at {1876-684-0110}

Cardholder Information Required

Name as it appears on the credit card: _____

Card type: VISA MC AMEX DINERS/CB
 Account type: Individual (personal credit card)
 Corporate / Company Name: _____

Account number: _____ Exp. Date _____

Address: _____
 (Where statement is mailed) _____
 City, State and Zip _____

Phone number: _____ Fax or alternate number; _____

Guest Information Required

Individual/Reservation/Group or Event Name: _____

Address: _____

City, State and Zip: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Reservation Confirmation Number: _____

Arrival or Event Date(s): _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other

Guest name: (Printed) _____

Guest signature: (when applicable) _____ Date _____

Rate Information and Approved Charges Required

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ No. of nights: _____
 *(Rate and tax amount be provided by a hotel representative in order to complete this form)

All Charges	<input type="radio"/>	Food & Beverage (specify)	<input type="radio"/> _____	Telephone (LD)	<input type="radio"/>
Telephone (local)	<input type="radio"/>	Valet (Laundry)	<input type="radio"/>	HS Internet Access Premium	<input type="radio"/>
Spa Massage	<input type="radio"/>	Gift Shop	<input type="radio"/>	Other (specify)	<input type="radio"/> _____
Non-Revenue Package (please specify)	<input type="radio"/>	_____			

I certify that all information is completed and accurate. I hereby authorize {HYATT ZIVA AND ZILARA ROSEHALL MONTEGO BAY.} to collect 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. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above

Cardholder name: (Printed) _____

Cardholder signature: _____ Date _____