



1501 Merrill Drive Little Rock, AR 72211
Phone: (501) 224-8051 Fax: (501) 221-7552
www.TheBurgundyHotel.com

CREDIT CARD AUTHORIZATION FORM

Date: _____ Name of Person Filling Out This Form: _____
Billing Address for Credit Card to be used: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax (if applicable): _____

This form serves as my authorization to place charges on my credit card.

Visa: _____ American Express: _____ MasterCard: _____ Discover: _____

Full Credit Card Number: _____ Exp Date: ____/____/20____

IMPORANT: Even if the hotel has the full credit card number on file already, you must still provide the full number here for this form to be considered valid. We do not accept incomplete credit card authorization forms that are missing the credit card number.

Cardholder's name as it appears on the card: _____

Cardholder's Signature: _____

I will allow the following charges to be billed to me on the above credit card: (check all that apply)

All Charges: _____ Room & Tax: _____ Other(please specify): _____

Note: Guest will need to provide a credit card upon arrival for incidentals unless "All Charges" is checked.

The guest whom these charges can be applied to is: _____

Reservation #: _____ Arrival Date: ____/____/____ Departure date: ____/____/____

Note: In order for this authorization to be valid, it is required that you send a copy of the front and back of the credit card being used on this authorization form in addition to a copy of a valid, government-issued photo ID that matches the name on the card being used.

Please indicate below if you would like a copy of the receipt sent to you at time of guest departure:

E-mail Receipt To: _____

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