

For your protection, to allow you to have third party expenses charged to your credit card, we require you to complete and sign this form. It indicates your approval to debit your credit card with the amount authorized. Please be advised that this signed credit card authorization form must be received by the hotel prior to the guest arrival to ensure proper procedures. Your credit card will be charged immediately upon receipt of this form.

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1. A separate form must be completed for each room.

2. The guest will still be required to	present a credit card at check in for security and	d/or incidentals.	
Name of Guest:	Arrival Date:		
Guest Address:			
Phone #: Hote	el Confirmation #:		
Authorized amount to be charged to	credit card indicated below.		
■ Room & tax only	(please indicate total charge)		
■ Item requested (cost) \$_	(name of item)		
If authorizing all charges incurred to all incidentals (e.g. phone, movies, d	be charged to credit card indicated below. This dining, etc.).	would include room, taxes,	
■ Please initial here if all h	hotel charges incurred are to be charged to the	credit card indicated below.	
I certify that all information is comple	ete and accurate. I hereby authorize the Courtya dicated above by processing a charge to the cree credit card listed below.	ard by Marriott Niagara Falls to	
CARDHOLDER'S SIGNATURE	DATE		
CREDIT CARD (EG. VISA)	CREDIT CARD NUMBER	EXPIRY DATE	
ACCOUNT TYPE: PERSON	NAL CORPORATE/COMPANY NAME: _		
ISSUING BANK:	PHONE #:		
CARDHOLDER'S ADDRESS(wh	here statement is mailed)		
CITY	PROVINCE/STATE POSTAL	ZIP CODE	
PHONE ()	NAME(PLEASE PRINT EXACTL)	Y AS APPEARS ON CARD)	

PLEASE FAX THE COMPLETED FORM TO THE RESERVATION DEPARTMENT AT 905.358.8720. FOR ASSISTANCE/CONFIRMATION PLEASE CONTACT US AT 1.800.771.1123.

Courtyard by Marriott Niagara Falls 5950 Victoria Avenue, Niagara Falls, Ontario L2G 3L7