



## Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

[Click here to open Marriott Privacy Center](#)

### Group/Event Information

Confirmation Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Group/Event Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relation to Cardholder: \_\_\_\_\_  
(if applicable)      Relative      Friend      Business Associate      Other: \_\_\_\_\_

### Rate Information and Approved Charges:

All Charges	Room & Tax	Telephone (LD)	Telephone (Local)	Restaurant
Room Service	Valet/Laundry	Parking	HS Internet Access	Movies

Event/Catering/Banquet Charges

Other: \_\_\_\_\_

Currency type: \_\_\_\_\_

Charges must not exceed \_\_\_\_\_ for the entire stay/event

Room Rate: \_\_\_\_\_ Taxes: \_\_\_\_\_ Total Daily Rate: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

### Comments/Special Requests:

### Payment Information:

Cardholder Phone Number: \_\_\_\_\_



### **Additional Guest(s) Information:**

Guest Name:

Arrival Date:

Departure Date:

## Acceptance and eSignature:

*I authorize the hotel mentioned above to charge 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. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.*

Cardholder Signature:

Date: