



Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions. 910-632-2900 Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Travis Huffman at 910-632-2831.

FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards.

CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: \_\_\_\_\_
Card Type: [ ] Visa [ ] MC [ ] Amex [ ] Diners/CB [ ] Discover [ ] JCB
Account Type: [ ] Individual - [ ] Debit / [ ] Credit [ ] Corporate - Company Name: \_\_\_\_\_
Issuing Bank: \_\_\_\_\_ Phone: \_\_\_\_\_
Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Address (statement): \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax or Alternate Number: \_\_\_\_\_

GUEST INFORMATION - Required

Guest Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Company: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax or Alternate Number: \_\_\_\_\_
Confirmation Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_
Relation to Cardholder: [ ] Relative [ ] Friend [ ] Business Associate [ ] Other \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) \_\_\_\_\_
Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_ Total Daily Rate:\* \_\_\_\_\_ Number of Nights: \_\_\_\_\_
\*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)
[ ] All Charges [ ] Room & Tax [ ] Telephone (LD) [ ] Telephone (Local) [ ] Restaurant
[ ] Meeting/Banquet [ ] Valet/Laundry [ ] Parking [ ] HS Internet Access [ ] Guarantee Only
[ ] Other \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Courtyard by Marriott Wilmington Downtown/Historic District 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/debit card listed above.

Cardholder Name: (Printed) \_\_\_\_\_
Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please do not send a photocopy of the front or back of your credit card.