



Wisconsin Dells, WI

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

DO NOT EMAIL THIS FORM - FAX FORM TO: 608-253-2224 ATTN: Guest Services

HOTEL USE ONLY

Date Received By Hotel: _____

Authorized Amount:	Approval Code:	Date:
Credit Card Security Check with Bank Complete (Signature)		

CARDHOLDER - Please complete the following section and sign/date below.

Guest/Group Name:					
Check-In/Event Date:			Confirmation Number/Event Number		
Name of Person Making Reservation:				Phone:	
Cardholder Name as it Appears on Credit Card:					
Credit Card Billing Address:					
City:		State:		Zip:	
Daytime Phone:			Evening Phone:		
Credit Card Number:			Expiration Date:		
Credit Card Type: (Circle one) Visa MasterCard Amex Diners Club Discover					
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):		
<i>I agree to cover the following categories of charges: (Please circle)</i>					
All Charges		Room & Tax		Food & Beverage	
				Retail	
				Recreation	
<i>I agree to cover the above categories of charges up to a Maximum Amount of \$ _____</i>					

Note: Charges for room/tax or group deposits will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Hotel Use Only – Deposit to be immediately charged for room/tax or group event: \$ _____

By signing below, you authorize the hotel to charge your credit card up to the “Maximum Amount” indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____