

HOTEL CREDIT CARD AUTHORIZATION FORM

Guest Name: _____ Room Number: _____

Check-In Date: _____ Check-Out Date: _____

Credit Card Information:

Cardholder Name: _____

Card Type: _____ Visa MasterCard Amex Discover Other (Specify): _____

Card Number: _____

Expiration Date (MM/YY): _____ CVV: _____

Authorization:

I, the undersigned, hereby authorize the hotel to charge my credit card for all charges incurred during my stay, including room charges, taxes, fees, incidental charges, and any damages or losses caused by me or my guests. I understand and agree that this authorization will remain in effect until my account is paid in full. I certify that I am the authorized cardholder and that the information above is true and accurate. I agree to comply with the hotel's policies, terms, and conditions related to credit card use.

Guest Signature: _____ Date: _____

Hotel Use Only:

Authorized By: _____ Date: _____

Authorization Code: _____

Notes: _____

Terms and Conditions:

By signing this form, the cardholder agrees that all charges are valid and authorized. This form is subject to the laws of the United States and applicable state laws. The hotel may use this authorization to charge the card for any outstanding amounts related to the guest's stay or caused damages. This authorization does not waive the hotel's right to seek collection by other means if the credit card is declined or payment is otherwise not received.

Privacy and Security Notice:

The hotel is committed to protecting your privacy and securing your personal and financial information. Credit card information is handled in compliance with PCI DSS standards and is not stored longer than necessary. For any questions about this authorization or your stay, please contact the hotel's front desk.

Cancellation Policy:

Cancellation or modification of reservations must be made in accordance with the hotel's cancellation policy. Failure to cancel or modify within the allowed time may result in charges applied to the authorized credit card.

Dispute Resolution:

Any disputes arising from this authorization or charges made must be submitted in writing to the hotel within 30 days of the charge date. The parties agree to resolve disputes in good faith and comply with applicable laws.

Acknowledgment:

The cardholder acknowledges receipt of a copy of this authorization form and agrees to all terms contained herein.

GUEST SIGNATURE

HOTEL REPRESENTATIVE

Signature: _____

Signature: _____

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