



Credit Card Authorization Form

Name of School:
Contact Email & Phone:

Dear Sir/Madam,

This form has been created in order to allow you to guarantee your reservations submitted via rooming to the credit card provided. Please provide all the information requested below to ensure prompt processing of your reservations. Once we process your rooming list reservations confirmations will be emailed to you. We ask you to please sign and date the form before submission. *Please submit form and rooming list directly to the Hotel Contac notedt*

Group Information

Group Name: CCCFA DEBATE TOURNAMENT / MARCH 13-17, 2019

**Hotel Contact: Luz Acosta-Shearer, Director of Events - luz.acosta-shearer@warnercentermarriott.com
** ROOMING LIST DUE BEFORE FEBRUARY 25, 2019 **

Rate Information and Approved Charges

Room rate:* \$135.00 Taxes:* 15.65% Total daily rate:* \$156.13 Number of nights:

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

Arrival date: Departure date:
All Charges Room & Tax Overnight Self Parking
\$14.00+tax =\$15.40 per car/per day

Cardholder Information

Contact Name :

Email: (Must provide for confirmations)

Name as it appears on the credit card:

** Please note credit card provided will guarantee all reservations as noted on your rooming list submitted **

Card type: Visa MC Amex Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name:

Account number: Exp. date:

Address: (where statement is mailed)

City, State and Zip:

Phone number: Fax or alternate number:

Other: *Please check if you will pay authorized charges on the credit card provided above*

Other: *Please check here if you will pay by School CHECK, **Check must be received (10) business days before the groups arrival (or) credit card on file will be charged

I certify that all information is complete and accurate. I hereby authorize Warner Center Marriott 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 card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)

Cardholder signature: Date: