



**RAMADA**<sup>®</sup>

**Conference Center**

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ authorize the Ramada Conference Center to process the credit card listed below for payment on the following reservation(s):

Guest Name(s): \_\_\_\_\_

Date(s) of Reservation: \_\_\_\_\_

Reservation Confirmation #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's daytime phone #: \_\_\_\_\_

Please circle the charges for you wish the above credit card to be charged:

Room & Tax

Restaurant

Lounge Charges

Long Distance Phone charges

Meeting & Banquet Charges

All Charges

Please attach a copy of the credit card.

Upon completion, please fax to (814) 237-1345.