



Credit Card Authorization Form

Guest Information:

Guest Name: _____

Confirmation Number: _____

Check-In Date: _____

Credit Card Information:

Cardholder's Name: _____

Phone Number: _____

Email Address (For Receipt): _____

Billing Address: _____

Credit Card Type: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ CSV: _____

Options for Charges:

I agree to cover the charges for the following categories:

all charges room & tax incidentals

I agree to cover the above categories of charges up to a maximum amount of \$_____

Cardholder's Signature:

Please email completed forms to reservations@theadelphihotel.com. Completed forms must be received 72 hours prior to reservation arrival date.