



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests will be rejected. This form must be received at least 10 days prior to Check-In or by specified date in Event Contract. The following is also required:

- Name and Billing Address on the credit card will be verified before acceptance.
- Email form to cwood@greatwolf.com
- A member of our accounting team will contact you to confirm Credit Card information.

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

Event Name:	
Event Date:	Sales Manager Name:
Event Contact Name:	Phone:
Cardholder Name as it Appears on Credit Card:	
Credit Card Billing Address:	
Last Four Digits of Credit Card:XXXX-XXXX-XXXX- Expiration Date:	
Credit Card Type: (Circle one) Visa MasterCard Amex Discover	
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):
Is this card linked to a checking/Debit account? (Please circle one) YES NO	

I agree to cover the following categories of charges (Please mark all that apply):

- *Room & Tax (including deposit) _____
(Registered name of the Guest) _____ Number of Nights Authorized _____
- *Guarantee only for guest rooms _____
(Card will only be charged if the contracted guest rooms are not picked up, or if another form of payment is not received by date on contract.)
- *Meals (specify per diem if required) _____
- *Including Incidentals up to: _____
- *Banquet Function/Service Charges _____
- *Advance Deposit (please specify amount) _____

By signing below, you authorize the hotel to charge your credit card for the event charges outlined above.

Cardholder Signature: _____

Date: _____

HOTEL USE ONLY:

Date Received By Hotel: _____ Credit Card Security Check with Bank Complete (Signature): _____