



**CREDIT CARD AUTHORIZATION FORM**

Name of Function or Group: \_\_\_\_\_

Date of Function: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_  
Printed

Credit Card Billing Address: \_\_\_\_\_

State, City, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CCV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Include:**  Photo Identification  Front and back copy of credit card

Estimated Total of Charge: \_\_\_\_\_

Please note that this is an estimate amount only. If your function goes over this estimated amount, we will charge for the total amount of your function based on your checking the authorized charges below.

**AUTHORIZED CHARGES**

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Room and Tax	<input type="checkbox"/>	<input type="checkbox"/>	Pay-per-view movies
<input type="checkbox"/>	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Liquor
<input type="checkbox"/>	<input type="checkbox"/>	Lounges	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Food
<input type="checkbox"/>	<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Room
<input type="checkbox"/>	<input type="checkbox"/>	Long Distance	<input type="checkbox"/>	<input type="checkbox"/>	Banquet Audio Visual
<input type="checkbox"/>	<input type="checkbox"/>	Dry Cleaning			
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please Specify): _____			

**AUTHORIZED USERS**

Please list any other users that will be able to use the above card number as payment for charges incurred at this establishment.

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

I hereby acknowledge that the total of charges listed on this form is an estimate of all charges that may be incurred during my business with the hotel. I agree to have my credit card authorized 3 business days prior to stay and charged for all charges incurred at the hotel. I also agree to provide a copy of the credit card front and back and photo identification as a means to validate the authenticity of the credit card. The Hotel will provide a receipt as a means to justify the amount charged to my credit card.

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

**DO NOT USE - ACCOUNTING USE ONLY**

Authorized Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Name of person authorizing credit card: \_\_\_\_\_

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