



Conference & Golf Hotel

FRONT DESK - CREDIT CARD AUTHORIZATION FORM

I, _____ authorize the Ramada Conference & Golf Hotel 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 Address: _____

Cardholder's Daytime Phone #: _____

Please circle the charges for which the above credit card is 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 **Front Desk** at (814) 237-1345