

Credit Card Authorization Form for Events

Dear Sir/Madam,

Cardholder Information

This form has been created to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **JW Marriott Desert Springs Resort and Spa** at **(760)** 341-1792

Name as it appears on the	credit card:
Card type:	Visa MC Amex Diners/CB Discover JCB
Account type:	Individual (personal credit card)
	Corporate Company Name:
Account number:	Exp. date:
Address: (where statement is mailed)	
City, State and Zip:	
Phone number:	Fax or alternate number:
Event Information	
Event name:	
Company (if applicable):	
Phone number:	Fax or alternate number:
Event date:	
Event Charges	
Equipment Rental:	Service Taxes(8.00%): Total Charge (24%):
All Charges:	
*(Rate and tax amount mu	st be provided by a hotel representative in order to complete this form)
Spa to collect payment for form by processing a chargevent. I understand that a	on is complete and accurate. I hereby authorize JW Marriott Desert Springs Resort and all charges as indicated in the Rate Information and Approved Charges section of this ge to the credit card listed above. Charges must not exceed for the entire new form will have to be completed if the guest wishes to extend their stay. I certify that I of the credit card listed above.
Cardholder name: (Printed)	· · · · · · · · · · · · · · · · · · ·
Cardholder signature:	Date