



235 Hoosick Street, Troy, NY 12180
Phone: 518.272.1700 Fax: 518.272.1701

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Company Address: _____

Contact Name: _____

Phone: _____

Fax: _____

Arrival/Event Date(s): _____

GUEST ROOM

CONFIRMATION #: _____

Services Authorized: Food & Beverage Meeting Room Rental

Beverage Only Food Only

Audio Visual Overnight Room(s)

Credit Card Type: Visa Master Card American Express Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Onsite Contact: _____

Onsite Contact Phone: _____

Onsite contact has authorization to add the following charges to bill if needed:

_____ None _____ Food _____ Beverage _____ Audio Visual

Comments: _____

Authorized By: _____ Date: _____