

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit 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 note we will require a legible copy of a picture ID to be returned with the form for signature verification.** Please fax the completed form to the *Cluster Sales Department for the Miami Dadeland Marriott* at 305-374-4211.

**Cardholder Information - Required**

Name as it appears on the credit/debit card: \_\_\_\_\_

Card type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account type:  Personal  Corporate | Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(where statement is mailed)

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

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Guest Information - Required**

Guest name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Confirmation number: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Relation to cardholder:  Relative  Friend  Business Associate  Other: \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) \_\_\_\_\_

Guest signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rate Information and Approved Charges - Required**

Room rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_ Total daily rate:\* \_\_\_\_\_ Number of nights: \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges  Room & Tax  Telephone (LD)  Telephone (Local)  Restaurant

Room Service  Valet (Laundry)  Parking  HS Internet Access  Movies

Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Miami Dadeland Marriott to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \$\_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_