

CREDIT CARD AUTHORIZATION FORM

I am authorizing the Wyndham Hotel Group to charge the credit card below for the following charges (please check all that apply):

Name of	Guest(s):		
	Tax and Resort Fee Cha attach a list if for more than	one person)	
Arriva	l Date:	Departure Date:	_
Guarai	ntee Room, Tax and Reso	ort Fee Only	
Payme	nt for the following: Roo	om Attrition or Cancellation Damages	
Amou	nt \$		
<u> </u>	et Charges es food, beverage, meeting ro	oom rental, audio-visual and telephone lines)	
By signing below I an au		ando Resort to charge this credit card for the above charms specified on this form.	arges
AMEX/VISA/MC/D	C/DISC/CB Card #	Exp	
Print Name As It	Appears on Card	Signature	
Billing Address:			
City:	State:	Zip:	
Plea	and <u>driver's license</u>	t and back of the credit card listed above with matching signature e are unable to process the charges.	
_	FRONT OF CARD HERE	PLACE DRIVER'S LICENSE OF CREDIT CARD HOLDER HERE	