



**Radisson Plaza Mississauga Toronto Airport**

**Credit Card Payment Authorization Form**

**Please complete all areas below. Incomplete request may be rejected. This form must be received at least 5 business days prior to the Check-in, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.**

**FAX COMPLETED FORM TO: 905-364-9990**

**ATTN: FRONT DESK**

**HOTEL USE ONLY:**

**Date:** \_\_\_\_\_

|                           |                       |              |
|---------------------------|-----------------------|--------------|
| <b>Authorities amount</b> | <b>Approval code:</b> | <b>Date:</b> |
|---------------------------|-----------------------|--------------|

**CARDHOLDER – Please complete the following section and sign/date below.**

|  |                        |                                |
|--|------------------------|--------------------------------|
| <b>Guest / Group Name:</b>   |                        |                                |
| <b>Check-in / Event Date:</b>  |                        |                                |
| <b>Name of Person / Group Making Reservation:</b>  |                        | <b>Phone:</b>                  |
| <b>Cardholder Name as it Appears on Credit Card:</b>   |                        |                                |
| <b>Cardholder Billing Address:</b>   |                        |                                |
| <b>City:</b>   | <b>Province/State:</b> | <b>Postal Code/Zip:</b>        |
| <b>Daytime/Business Telephone:</b>   |                        | <b>Evening Telephone:</b>      |
| <b>Credit Card Number</b>  |                        | <b>Expiration Date:</b>        |
| <b>Credit Card Type: (Circle One)</b>  |                        |                                |
| <b>Visa</b>  | <b>MasterCard</b>      | <b>American Express</b>        |
| <b>Discover</b>  | <b>JCB</b>             | <b>Diners Club</b>             |
| <b>I agree to cover the following categories of charges: (Please circle)</b>                   |                        |                                |
| <b>All Charges</b>   | <b>Room &amp; Tax</b>  | <b>Food &amp; Beverages</b>    |
|  |                        | <b>Other</b> _____             |
| <b>I agree to cover the above categories of charges up to Maximum Amount of \$</b> _____       |                        |                                |
| <b>DIRECT BILL ACCOUNT PAYMENTS ONLY: (FOR direct billing customers paying by credit card)</b> |                        |                                |
| <b>Name on invoice/Statement</b> _____   |                        | <b>Date on</b>                 |
|  |                        | <b>Invoice/Statement</b> _____ |
| <b>Invoice/Statement Number</b> _____  |                        | <b>Authorized Amount</b>       |
|  |                        | <b>\$</b> _____                |

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately, any incidental charges circled above will be charged at the time of check-out.**

**Amount to be immediately charged to credit card for room and taxes or deposit \$** \_\_\_\_\_

**Final Balance Billed to Credit Card (hotel use only): \$** \_\_\_\_\_

**By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.**

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_