

# Third Party Credit Card Authorization Form

COURTYARD TACOMA DOWNTOWN  
1515 Commerce Street, Tacoma, WA 98402 Main Telephone: (253) 591-9100

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions.** 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 Front Desk at (253) 591-9101.**

**FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards. However, we recommend that the credit card holder purchase a gift card for the guest (if possible) rather than send their credit card number via this third party form.**

## **CARDHOLDER INFORMATION - Required**

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

Card Type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account Type:  Individual -  Debit /  Credit  Corporate - Company Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address (statement): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax or Alternate Number: \_\_\_\_\_

## **GUEST INFORMATION - Required**

Guest Name: \_\_\_\_\_

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

City, State, 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 Courtyard Marriott Tacoma Downtown 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: \_\_\_\_\_

**Please do not send a photocopy of the front or back of your credit card.**