



HOTELMURANO

1320 Broadway Plaza
Tacoma, Washington 98402

Phone: 253-591-4134

Email: Marilyn.Meyer@Murano.com

FAX: 253-627-3167

This letter authorizes the Hotel Murano to charge the credit card below for hotel charges as specified.

Allow a minimum of 2 business days prior to the date of arrival to facilitate this authorization.

Guest Name / Group Name	Arrival Date	Departure Date

I, _____, certify that I hereby authorize the HOTEL MURANO to charge my credit card for the above person(s) for payment of the following charges; **(PLEASE CHECK ONE)**. I also understand this card may be utilized to guarantee the reservation, and will be charged in the event of a late cancellation or no-show.

- Room & Tax **Only** > [\(guest credit card required for incidentals\)](#)
- Room, Tax, & **Self-Parking** > [\(guest credit card required for incidentals\)](#)
- Room, Tax, & **Self or Valet Parking** > [\(guest credit card required for incidentals\)](#)
- Room Tax & **All Incidentals**
- Other:** _____

SIGNATURE OF CARDHOLDER: _____

CREDIT CARD INFORMATION

Credit Card Type:	Expiration Date:
Credit Card Number:	
Cardholder Name:	
Billing Address:	
Cardholder Phone Number (Day & Evening):	

Thank You, for choosing HOTEL MURANO!