

3rd Party Credit Card Authorization Form



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. **You understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third party 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 The Westin Kolkata Rajarhat at **(+913340371235)**

Cardholder Information - Required

Name as it appears on the credit card: _____

Card Type: Visa MC Diner Union Pay JCB

Account Type: Individual (Personal Credit Card)
 Corporate | Company Name: _____

Issuing Bank: _____

Credit Card Number: _____ Exp. Date: _____

Address (statement): _____

City, State and Zip: _____

Phone Number: _____

Guest Information - Required

Guest Name: _____

Address: _____

City, State, Zip: _____

Company: _____

Phone 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 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:* _____ Number of Nights: _____

* (Room Rate is subject to XX% Taxes and XX% Service Charges, based on local governmental regulations)

All Charges Rooms & Tax Telephone (LD) Telephone (Local)

Restaurant Valet (Laundry) Parking Internet Access

Limousine Other: _____

I certify that all information is completed and accurate. I hereby authorized Marriott Hotel.... 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 card listed above. Charges must not exceed **Local Currency** _____ 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 card listed above.

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____

Approved by FOM and/or MOD (Printed and Signed) _____ Date: _____