



HOTEL CREDIT CARD AUTHORIZATION FORM

Please provide all the information requested below to ensure prompt processing. We ask you please sign and date the form before submission. Please fax the completed form to The Sands of Treasure Island, Treasure Island, FL at 727-360-6594.

CARDHOLDER INFORMATION – Required

Name as it appears on the credit/debit card: _____
Card Type: Visa MC Amex Discover
Account Number: _____
Exp. Date: _____ Security Code: _____
Billing Address: _____
City, State, Zip: _____
Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION – Required

Guest Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Fax or Alternate Number: _____
Confirmation Number (if applicable): _____ Dates: _____
Relation to Cardholder: Relative Friend Business Associate Other

RATE INFORMATION AND APPROVED CHARGES – Required

TOTAL AMOUNT TO BE CHARGED: \$ _____

OR

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: _____
*(Rate and tax amount must be provided by hotel representative)

- Hotel Room, Taxes and Fees
- Parking
- Retail Shop
- Other

I certify that all information is complete and accurate. I hereby authorize The Sands of Treasure Island to collect payment for all charges as indicated in Rate Information and Approved Charges field above. Charges must not exceed \$_____ for the entire stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) _____
Cardholder Signature: _____ Date: _____