



CREDIT CARD AUTHORIZATION FORM

I, _____ authorize the Ramada City Centre to process the credit card listed below for payment on the following reservation(s):

Guest Name(s): _____

Date(s) of Reservation: _____

Reservation Confirmation #: _____

Credit Card #: _____

Name on Credit Card: _____ Expiration Date: _____

Cardholder's Signature: _____

Cardholder's daytime phone #: _____

Please circle the charges that you wish the above credit card to be charged:

Room & Tax

Restaurant

Lounge Charges

Long Distance Phone Charges/Local Phone Charges

Meeting & Banquet Charges

All Charges

Please attach a clear copy of the credit card front and back.

Upon completion, please fax to 414-272-4651.