



247 24th Street, Ogden, UT 84401
Phone: 801-627-1190

GROUP AND MEETING CREDIT CARD AUTHORIZATION FORM

Please Complete the Following Authorization Information and
Return to Fax Number 801-395-2060

Your Name: _____

Company Name: _____

Phone Number: _____

Date of Event: _____

Card Billing Address: _____

Card Number: _____ exp: _____

Name as it appears on the card: _____

Please check all that are authorized to be charged onto the above card.

Meeting Charges	Group Charges
<input type="checkbox"/> Room Rental <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Audio Visual Rental <input type="checkbox"/> High Speed Internet <input type="checkbox"/> Bartender Fees	<input type="checkbox"/> Room and Tax Only <input type="checkbox"/> Incidentals See Instructions below

Please list individuals who will be using the credit card number and the dates of the entire stay.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Additional names can be provided on an attached list

I authorize the above charge to my credit card and understand that some charges are subject to sales tax and service charges.

Signature

Date