



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. 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 Marriott, Renaissance & JW Resorts Hawaii Sales Office at (808) 679-0293.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Group Information

Hotel: Waikoloa Beach Marriott Resort

Sales Manager: «SalesManager»

Group name: «BookingName»

Company: «Company»

Arrival date: «ArrivalDate» Departure date: «DepartureDate»

Deposit Information Charges

Non-refundable good-faith deposit amount: «DepositAmount»

I certify that all information is complete and accurate. I hereby authorize Waikoloa Beach Marriott Resort to collect payment for all charges as indicated in the Deposit Information Charges section of this form by processing a charge to the credit card listed above. I understand that a new form will have to be completed if group wishes to post additional charges. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____