

CREDIT CARD BILLING AUTHORIZATION FORM

GROUP GUEST INFORMATION

COMPANY NAME: _____
GROUP NAME: _____
CONTACT NAME: _____

INDIVIDUAL GUEST INFORMATION

GUEST NAMES	ARRIVAL DATES	DEPARTURE DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHARGES TO BE BILLED (please indicate by marking an X in the appropriate boxes below)

- | | |
|--|---|
| <input type="checkbox"/> ALL CHARGES | <input type="checkbox"/> CATERING AND MEETING CHARGES |
| <input type="checkbox"/> GUEST ROOMS & TAXES | <input type="checkbox"/> GRP ROOM DEPOSITS: AMOUNT \$ _____ |
| <input type="checkbox"/> GUEST INCIDENTALS | <input type="checkbox"/> CATERING DEPOSITS: AMOUNT \$ _____ |
| <input type="checkbox"/> GUARANTEE OF SLEEPING ROOMS | |
| <input type="checkbox"/> OTHER (Description): _____ | |

CARD HOLDER INFORMATION

CARD NUMBER: _____ EXPIRATION DATE: _____
NAME AS IT APPEARS ON CARD: _____
CARD BILLING ADDRESS: _____
CITY: _____ STATE AND ZIP CODE: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____

AMERICAN EXPRESS VISA MASTER CARD DINERS CLUB DISCOVER JCB

I HEREBY AUTHORIZE THE **SOFITEL MIAMI** TO USE THE CREDIT CARD INFORMATION PROVIDED ON THIS FORM EITHER AS A GUARANTEE OR AS PAYMENT FOR THE CHARGES DESCRIBED ABOVE. SUPPORTING DOCUMENTATION WILL ACCOMPANY ALL CHARGES. BY SIGNING BELOW I AGREE TO PAY MY CREDIT CARD ISSUER FOR THE CHARGES AGREED TO ABOVE IN ACCORDANCE WITH MY CARDHOLDER AGREEMENT.

CARD HOLDER'S SIGNATURE: _____ DATE SIGNED: _____

