



Credit Card Authorization

Name of Individual/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone Number: _____

I _____, authorize the Crowne Plaza Asheville to charge the following amount of \$ _____ to the below credit card. I understand my card will be processed within 48 business hours.

Visa Master Card American Express Discover Other _____

Credit Card Number: _____

Expiration: _____

I _____, authorize the Crowne Plaza Asheville to bill my credit card for the following charges:

- All Charges Room & Tax Restaurant Charges
 - Restaurant Charges Advanced Deposit Banquet Charges
 - Meeting Expenses (Room Rental, A/V Equipment) Transportation Charges
 - Other Charges: _____
- _____
- _____

I assume responsibility for the following guest(s):

Signature of Card Holder: _____

Date: _____

(A photo copy of the front and back of the credit card and a photo copy of the front and back of a valid ID must accompany this authorization form)