PYRAMID
HOTEL GROUP

AUTHORIZATION TO CHARGE CREDIT CARD

GUEST/GROUP NAME (S): _____

_____

ARRIVAL DATE: _____/_____/_____ **DEPARTURE DATE:** _____/_____/_____

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____/_____/_____

CVV: _____

ZIP CODE: _____

CARDHOLDER SIGNATURE: _____

TELEPHONE NUMBER: _____

DATE: _____/_____/_____

Please notate the charges you would like to pay for with this credit card below:

(check all that apply)

Room and Tax _____☐_____

Food and Beverage_____☐_____

Telephone_____☐_____

Other (please be specific) _____☐_____ **other may include: Laundry, Movies, Gift Shop, Spa**

All Guest Charges_____☐_____
