



AUTHORIZATION TO CHARGE CREDIT CARD

GUEST NAME (S): _____

Group Name: Municipal Association of South Carolina

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 _____ ☐

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Return completed form to Courtney Barber at cbarber@pyramidglobal.com