



AC Hotel Greenville
315 South Main Street
Greenville, SC 29601
864-720-2950

[Authorization for Credit Card Use]

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

[All information will remain confidential]

Cardholder Information

Name on Card: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I agree to cover the following categories of charges: (please check all that apply)

- All Charges
- Room & Tax
- Incidentals
- Food & Beverage
- Parking
- Banquets

Guest Information (If different from cardholder information)

Guest Name / Organization: _____

Arrival Date: _____ Departure Date: _____

By signing below, you authorize the hotel to charge your credit card for the final balance. You further acknowledge that all guest/group related charges will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Printed Name: _____

Cardholder Signature: _____

Date Signed: _____

Return completed form to:

halle.ferry@marriott.com or fax to 864-549-0058