

# COURTYARD

BY MARRIOTT

## Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

[Click here to open Marriott Privacy Center](#)

### Guest Information

Confirmation Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relation to Cardholder:    Relative        Friend        Business Associate        Other: \_\_\_\_\_  
(if applicable)

## Rate Information and Approved Charges:

All Charges                      Room & Tax                      Telephone (LD)                      Telephone (Local)                      Restaurant

Room Service                      Valet/Laundry                      Parking                      HS Internet Access                      Movies

Event/Catering/Banquet Charges

Other: \_\_\_\_\_

Currency type: \_\_\_\_\_

Charges must not exceed \_\_\_\_\_ for the entire stay/event

Room Rate: \_\_\_\_\_ Taxes: \_\_\_\_\_ Total Daily Rate: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

## Comments/Special Requests:

## Payment Information:

Cardholder Phone Number: \_\_\_\_\_

## Acceptance and eSignature:

*I authorize the hotel mentioned above to charge payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.*

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_