

# COURTYARD<sup>®</sup>

## BY MARRIOTT

[ 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: \_\_\_\_\_

**Please email COMPLETED form to Ahsha Daniels at [ahsha.daniels@marriott.com](mailto:ahsha.daniels@marriott.com) by July 6.**