

# Credit Card Authorization Form

To: \_\_\_\_\_ Fax # \_\_\_\_\_

From: \_\_\_\_\_ Fax# 515-223-1687

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

Number of pages including cover: \_\_\_\_\_

Please fill out this form,  
be sure it is signed and  
mark what you are  
authorizing and fax it  
back to us at :  
515-223-1687

WEST DES MOINES



1250 Jordan Creek Parkway  
West Des Moines, Iowa 50266  
515-267-1500

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

Confirmation Number: \_\_\_\_\_

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

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

Name of Cardholder: \_\_\_\_\_

Credit Card # \_\_\_\_\_

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

Please check all that apply to billing:

- ☐ All Charges
- ☐ Room and Tax
- ☐ Incidentals
- ☐ Food
- ☐ Beverages
- ☐ Phone Charges

Amount Authorized to Charge: \_\_\_\_\_

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

Cardholder Printed name: \_\_\_\_\_

Cardholder Phone number: \_\_\_\_\_