



CREDIT CARD AUTHORIZATION
FOR
Embassy Suites Northwest Arkansas
3303 Pinnacle Hills Parkway Rogers, AR 72758
Phone (479) 254-8400, Fax (479) 286-0169

HOTEL USE ONLY

Please bill credit card for
final payment on
____/____/____
in the amount of

\$ _____
Banquet

\$ _____
Guest rooms

GUEST/GROUP/COMPANY NAME: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

HOTEL CONFIRMATION NUMBER (IF APPLICABLE): _____

I, _____ request that the below credit card be used for the stated function (s) or guest room (s) to be held at the **Embassy Suites Northwest Arkansas**. I state that I am the primary card holder or an authorized for the credit card account and will pay all charges incurred as agreed upon.

Please note: If you are providing us with a debit card, our credit card authorization system captures these funds automatically-taking the money out of the bank account. The credit will be posted to your hotel account immediately, but if you eventually pay by another method, your bank may take up to 10 days to reverse this original charge and credit the bank account. By signing below, you are authorizing this procedure.

I am providing the credit card information for the following:

_____ For deposit in the amount of \$ _____ to be applied to the above event(s).

_____ For payments in full for the above events not to exceed \$ _____.

_____ For guaranty in the event that all fees not paid in accordance with direct bill terms.

Please charge the credit card for:

_____ Guest Room & Tax

_____ Parking

_____ Incidentals

_____ Meeting Room Rental

_____ Meeting Food & Beverage

_____ Other (Please notate)

Type of Credit Card _____ Today's Date _____

Name on Card (Please Print) _____

Full Credit Card Number _____ Exp. _____

Authorized Signature _____ Contact Ph# _____

Name of person(s) authorized to sign for the above charges on the day of event, if different from signatory:

THIS FORM MUST BE STORED IN A SECURED AND LOCKED AREA.