Credit Card Authorization Form

**Transaction Information**

|  |  |
| --- | --- |
| Guest Name: |  |
| Property/Hotel Name: |  |
| Arrival Date: |  |
| Departure Date: |  |
| Amount Not to Exceed: |  |
| Property Phone Number: |  |
| Property Fax Number: |  |
| Property Email Address: |  |
| Other Instructions to Hotel: |  |

**Payment & Verification Details**

(To be filled out by the cardholder)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Four (4) Digits of Credit Card: XXXX-XXXX-XXXX-      Exp. Date      / | | | | | |
| Department Cardholder’s Full Name (contact): | | |  | | |
| Company Name: | | | Cal Poly State University | | |
| Cardholder’s Billing Address: | | | 1 Grand Avenue | | |
| City, State, Zip: | | | San Luis Obispo, CA 93407 | | |
| Department Telephone: | | | (     )      - | | |
| Department email: (to receive final receipt) | | | @calpoly.edu | | |
| AUTHORIZATION NOTE: I authorize and acknowledge that all of the charges selected below will be processed to my payment card as detailed above. In addition, I will contact the hotel directly and provide the entire credit card number. | | | | | |
| Select All that Applies: |  | **Room, Parking & Tax Only** | |  | Other Expenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardholder’s Signature: | | |  | | |
| Date Signed: | | |  | | |

**Return Forms To:**

Please fax or email this completed information to the hotel listed above. Then contact the hotel directly and provide the entire credit card number. The hotel will contact you if more information is needed.FOR HOTEL USE ONLY:

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered into System: \_\_\_\_\_\_\_\_\_\_\_\_

*Effective January 2023*