



3233 Northwest Loop 410, San Antonio, TX. 78213 Phone: (210) 377-3900 Fax: (210) 308-2800

GROUP CREDIT CARD AUTHORIZATION FORM

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to (210) 308-2800.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB
Account type: Individual (personal credit card) Corporate/Company Name:

Account number: _____ Exp date: _____

Address: _____
(Where statement is mailed)

City, State and Zip: _____

Phone number: _____ Marriott Rewards # _____

Group Information

Group name: _____ Company: _____

Phone number: _____ Fax number: _____

Arrival date: _____ Departure date: _____

Approved Charges

All charges Restaurant Room Service Laundry

Catering Events – Payment is due in FULL 72hrs Prior to the event for the full estimated amount

Room & Tax – Group Room payments are due in advance of Arrival- Specified by your Sales Manager no later than 72hrs prior to arrival

Check payments are only accepted 14 Business days in advance of the arrival date

I certify that all information is complete and accurate. I authorize San Antonio Marriott Northwest to collect payment for all charges as indicated in the Approved Charges section of this form by processing a charge to the credit card listed above. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder Signature: _____ Date: _____

The card above will be charges immediately for all charges indicated above for the reservations and or Group Rooms Checked off* **Check payments must be mailed to the hotel 7-14 days ahead of arrival.

