

Credit Authorization Form

Please fill in all the requested information below, and send it back with a photocopy of the front and back of the credit card. All the information must be completely filled out in order for us to process your request. Please fax the authorization form along with the copy of the credit card to the hotel with attention to Meetings & Conventions (732) 545-7239. Thank you.

Cardholders Name: _____ Date: _____

Credit Card Number: _____

Expiration Date: _____

Guest/Company Name: _____

Date of Stay/Function: Arrival Date: _____ Departure Date: _____

Please check description of charges being covered:

_____ All charges to the above stated credit card.

_____ Only room and tax charges to the above stated credit card.

_____ Only incidental charges to the above stated credit card.

_____ Other charges:

Please specify other charges you wish to cover below.

Cardholder's signature: _____ Date: _____

******REMINDER:** *This information must be accompanied by a copy of the front and back of the credit card to be charged, in order for us to process your request.*

Thank you