



RADISSON HOTEL ROSEVILLE

Credit Card Authorization Form

Date: _____

Name: _____

Company Name: _____

Phone: _____

Address: _____

Confirmation Number(s) 1. _____ 2. _____ 3. _____ 4. _____

I, _____ authorize 1. _____ 2. _____

3. _____ 4. _____

guest(s) name(s)

to use my/company credit card (# _____ Exp: _____ / _____) for payment

for the following charges. (Please circle all applicable).

Room & Tax

Phone

Movies

Restaurant

Lounge/Bar

All

The guest(s) will be arriving on _____ and departing on _____.

Signature

****Please attach a legible copy of the front & back of the credit card and drivers license of card holder****

Hotel Fax Number: 651-367-3940

Hotel Contact Number: 651-636-4567



