



THE RITZ-CARLTON

FORT LAUDERDALE

Credit Card Authorization Form: Return to Marina.theard@ritzcarlton.com

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: _____

3 Digit Security Code: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Packages should not be delivered to the Hotel more than 3 three business days prior to the event. All packages, boxes and/or materials received by the Hotel will be assessed a \$5.00 handling fee, plus service charge and sales tax.

I certify that all information is complete and accurate. I hereby authorize The Ritz-Carlton, Fort Lauderdale to collect payment for all charges as indicated to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

Email Address: _____ (For receipt of charges)

Company Name (as appears on all packages): _____

Carrier: _____

Total Number of Packages: _____

Tracking Numbers:

Package #1: _____

Package #2: _____

Package #3: _____

Package #4: _____

Package #5: _____

Hotel Use Only

MSE Received: _____ Date: _____

Accounting: _____ Date Charges Posted: _____