



CREDIT CARD AUTHORIZATION

I hereby agree that the charges incurred for the services indicated at the Mission Valley Resort will be charged to my credit card as shown below:

Type of Card: _____ Expiration Date: _____

Credit Card Number: _____

Name as imprinted on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please check which charges should be applied to the above credit card.

Guest Room (s) and tax Incidentals as specified: _____

X Meeting / Banquet Charges Other: _____

If applicable, please provide a list of individuals on-site who are authorized to add to or

Special Request: _____

Signature

Printed Name

Date

Daytime Telephone Number

IMPORTANT: ATTACH A XEROX COPY OF THE FRONT AND BACK OF THE CREDIT CARD BEING AUTHORIZED AND A COPY OF YOUR DRIVERS LICENSE-PLEASE RETURN WITH THIS FORM.

FOR HOTEL USE ONLY

Name of Function: _____

Function Date: _____ Est. Amount: _____