

Credit Card Authorization Form

This form is used to allow you to have third party expenses charged to your credit card. Please take a moment to complete the form below and return it to us. Please fax the completed form along with a copy of your identification (driver's license or government issued identification) to 509-481-6176. If you have any questions, please call 877-871-6772.

Cardholder Information	<u>n</u>			
Cardholder Name:				
Mailing Address:		City	State	_Zip
Phone Number:		Fax Number:		
Guest Information				
Guest Name:				
Phone Number: ()				
Confirmation Number:		Arrival Date:	Departure Date:_	
Room Rate:		Number of Nights:		
Approved Charges	or Approved D	ollar Amount: \$		
☐Room & Fees Only	☐All Charges	□Incidental [Deposit (required for	every stay)
□Food & Beverage	□Telephone	□Spa	□Room Serv	ice
□Movies	□Lounge/Bar	☐Gift Shop	o □Misc.	
I hereby authorize Norther Approved Charges section I understand certify I am the authorized	of the form by proces d that new form will h	ssing a charge to the crec nave to be completed if g	dit card ending (last 4 dig	its)
Please Note: An alte	rnate form of payı	ment will be required	d at check-in if the ab	ove
paperwork is not com business checks upon			• •	nal and/or
**The inform	ation below will be	e discarded once the	payment is processed	 **
Credit Card Type: □V	isa □Master	Card Discove	r □American E	express
Credit Card Number:			Exp. Date:	/