



# CREDIT CARD AUTHORIZATION FORM

TRANSACTION INFORMATION (To be filled out by the hotel)	
Guest Name:	
Property Name:	Best Western Plus Butterfield Inn
Arrival Date:	
Departure:	
Amount to be charged:	
Confirmation Number:	
Property Phone Number:	(785) 621-4337
Property Fax Number:	(785) 621-4339
Property Email Address:	bwbutterfieldinn@gmail.com

PAYMENT & VERIFICATION DETAILS (To be filled out by cardholder)	
Card Type (select one): American Express      Discover      MasterCard      Visa	
Credit Card Number:	____ - ____ - ____ - ____      Expiration Date: ____ / ____
Cardholder's Name:	
Company Name:	
Cardholder's Billing Address:	
City, State, Zip:	
Telephone:	
Fax:	
Email:	

**Authorization Note:** I authorize and acknowledge that all of the charges will be processed to my credit card as detailed above. I understand that an additional amount may be authorized for incidentals, end-of-event balances, or other related charges. This form is only valid for the reservation dates and guests listed above. A new form must be completed for any additional reservations or reservation extensions.

**Hotel Policy:** You are financially responsible for all charges incurred by your guest which may include damage fees and incidentals. We require that your guest provides a personal credit card or cash deposit at check in. If they cannot provide either, we cannot allow them to check-in. By selecting "All Charges," you acknowledge that your credit card will be charged for the entire stay, taxes, and any incidentals incurred. By selecting "Room & Tax Only," you acknowledge that your guest will provide a form of payment for incidentals and if they fail to present a credit card or cash deposit upon arrival, they will not be permitted to check-in until secondary payment method is presented.

**Additional Documents Required:** The hotel requires a photo copy of the credit card and cardholder's state issued identification before this form is approved for use. Please send both required documents with this authorization form.

**Verification:** The hotel reserves the right to deny approval of this form for any reason. All information included on this form must be accurate for verification purposes. The hotel will use this information to contact the cardholder. Denial may occur if the hotel is unable to reach the cardholder or if the hotel cannot verify the information. At such time, we reserve the right to cancel all associated reservations without notification.

Select one:	All Charges	Room & Tax Only
Cardholder's Signature:		
Date Signed:		
RETURN FORMS TO:		
Please fax or email this completed for to the property listed above. All sections must be filled in for the form to be accepted by the hotel and may cause a delay in guaranteeing your guest's reservations.		

FOR HOTEL USE ONLY:

Received by: \_\_\_\_\_ Verified by: \_\_\_\_\_ Verification Date: \_\_\_\_\_