



Please complete this Credit Card Authorization form and fax it back to the secured number below.
 For your protection this number goes directly to our accounting office.
952-896-5361

Please do not send this form back electronically as it is in violation of the Global Information Policy 3.2.1.
 PCI Data Security Standard 4.2 states "Never send unencrypted credit card numbers via e-mail"

Credit Card Authorization/Billing Request

Name of Company/Group _____

Arrival Date: _____ Departure Date: _____

Billing to Include:

Credit Card Type: _____ Credit Card Expiration: _____

Credit Card Account Number: _____

Amount charged 72 hrs. **prior** to event _____

Address of Cardholder: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Card Holders Name (As it appears on the card): _____

Contact Telephone Number: _____ E-mail Address _____

Please Indicate charges that are guaranteed to this credit card:

Sleeping Room; Room and Tax:

All Charges:

Incidentals: (includes Room Service, Restaurant, Bar, Gift Shop, Phone Calls)

Banquet Charges: (includes Banquet Food/Beverage, Audio Visual, Room Rental, Electrical, etc per Banquet Event Orders)

Authorized: _____

- **Please be advised that the card will be charged 72 hours prior to the event date. The amount charged will be the total of all BEOs plus 20% of that total. Any credits left after the group invoices into receivables will be refunded the day the invoice is printed.**



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