



RADISSON HOTEL MINNEAPOLIS/ST. PAUL NORTH

2540 Cleveland Avenue North Roseville, MN 55113 • 651-636-4567

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:				
Today's Date:				
Company/Group Name:				
Name on credit card:				
Phone Number:				
Credit Card Type:	Visa () MasterCard () Discover () AMEX ()			
Credit Card #:				
CVC # (Last 3 or 4 digits from the back of card or 4 digits from face of card):				
Expiration Date:				
Credit Card Billing Address:				
City:				
State:				
Zip Code:				
E-mail address:				
Circle All Applicable Charges to be paid on the above credit card.	Room & Tax & All Incidentals (\$100 Hold)	Room & Tax	A X E L S Restaurant	STARBUCKS
Confirmation Numbers:	1) _____	2) _____	3) _____	4) _____
Guest Name:	1) _____	2) _____	3) _____	4) _____
<ul style="list-style-type: none"> Customer's signature below authorizes Radisson Minneapolis/St. Paul North to process the above referenced credit card for charges incurred. Customer assures that all information provided is valid and accurate. Changes to payment information provided must be communicated to Radisson Hotel Minneapolis/St. Paul North. 				

Authorized Signature: _____

Date: _____

****Please attach a legible copy of the front of the credit card and FAX to 651-367-3910**