

Crowne Plaza – Detroit Downtown
2 Washington Blvd, Detroit MI 48226

T:313-965-0200 F:313-965-4557

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information Requested Below to ensure the prompt processing of your application. We ask you to please sign and date the form before Submission. **Please email the completed form to coordinator@cpdetroit.com along with a clear copy of the front and back of the credit card & driver's license.**

Cardholder information:

Name as it appears on the credit card: _____

Card Type: MC Amex Diners Discover Visa

Account Type: Individual (personal card)

Corporate Company Name: _____

Credit Card Number: _____ Exp Date: _____

Address: _____

(where statement is mailed)

City, State, Zip: _____

Phone Number: _____ Fax: _____

Guest Information:

Guest Name(s): _____

Company: _____

Phone Number: _____ Confirmation Number : _____

Arrival Date: _____ Departure Date: _____ Group/Event Name: _____

Rate Information and Approved Charges

Room Rate: \$ _____ Taxes: 15% _____ Total Daily Rate: _____ Number of Nights: _____

(Rate and Tax amounts must be completed – please call a hotel representative to verify)

All Charges Room & Taxes Telephone Market Valet Laundry Food Alcohol

Banquet Charges + 24% Taxable Service Charge and 6% Tax

I certify that all information is complete and accurate. I hereby authorize Crowne Plaza – Detroit Downtown Convention Center to collect payment for all charges indicated in the Rate Information and Approved Charges section by processing a charge to the credit card listed above. I understand that a new form must be completed if the guest wishes to extend the stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name (printed): _____ Date: _____

Signature: _____