



# CREDIT CARD AUTHORIZATION FORM



**Floridan Palace Hotel**  
905 N. Florida Ave.  
Tampa, FL 33602  
**(813) 225-1700**

**Date:** \_\_\_\_\_

<b>Guest / Group Name:</b>	
<b>Check-In / Event Date:</b>	<b>Confirmation / Event Number:</b>
Name of Person Making Reservation:	Phone:

**CARDHOLDER - Please complete the following section and sign/date below**

Cardholder Name as it Appears on Credit Card:				
Credit Card Billing Address:				
City:	State:	Zip:		
Daytime Phone:	Evening Phone:			
<b>Credit Card Number:</b>	<b>Expiration Date:</b>	<b>CCV:</b>		
<b>Credit Card Type: (Circle One)</b>				
<b>Visa/MasterCard</b>	<b>Amex</b>	<b>Diners Club</b>	<b>Discover</b>	<b>JCB</b>
Credit Card Issuing Bank:			Phone:	
<b>I agree to cover the following categories of charges: (Please circle)</b>				
<b>All Charges</b>	<b>Room &amp; Tax</b>	<b>Parking</b>	<b>Food &amp; Beverage</b>	
<b>Maximum Amount</b>	<b>\$ _____</b>			

**Hotel Use Only** – Deposit to be immediately charged for room/tax or group event: \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card up to the “Maximum Amount” indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_