



**KINGSTON PLANTATION**

**Credit Card Payment Authorization Form**

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 10 business days prior to Check-In to ensure acceptance of the credit card to be charged. Copy of Driver's License and Credit Card front and back must be included with authorization form.*

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

Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime/Business Telephone:			Evening Telephone:	
Credit Card Number:			Expiration Date:	
Credit Card Type:				
Visa/MasterCard	American Express	Discover	JCB	Diners Club
Issuing Bank Name:				
Bank Phone Number (from back of your credit card):				
I agree to cover the following categories of charges:				
All Charges	Room & Tax	Food & Beverage	Parking/Resort Fee	Business Services
I agree to cover the above categories of charges up to a Maximum Amount of \$				

**GUEST INFORMATION:**

Guest Name:	Check-In Date:
Name of Person Making Reservation:	
Confirmation Number:	Phone Contact:
Email Contact:	

**Note: Charges for room and tax will be charged to your credit card immediately. Any incidental charges above will be charged at the time of check-out.**

**Amount to be immediately charged to credit card for room and taxes or deposit: \$**

**Final balance billed to credit card (hotel use only): \$**

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

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

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