



Queen Anne Hotel

Credit Card Authorization Form

I, _____, hereby authorize Queen Anne Hotel to charge my Credit Card No. _____ Expires(MM/YY) _____

for the following selected charges ONLY:

- | | |
|------------------------------|--------------------------------------|
| _____ * Room & Tax | _____ * Meeting or Function Space |
| _____ * Phone Calls | _____ * Audio-Visual Rental |
| _____ * Parking | _____ * Group Beverage/ Snack Set-Up |
| _____ * Other: _____ | |
| _____ * ALL Charges Incurred | |

Name of guest I am accepting charges for is: _____

Arrival Date: _____ Departure Date: _____ Folio #: _____

A copy of the account will be sent to me by the Hotel following check out.
My mailing address for such copy is:

Name On Card: (please print): _____

Cardholder Signature: _____

Date: _____ Phone: _____ Fax: _____

*****Include Photocopy of Credit Card and Photo ID with return fax.**

Please Note: We have a 24 hour (by noon) cancellation policy. Reservations not canceled or changed by noon the day before expected arrival are subject to a no-show charge for the first night of the reservation.