



CREDIT CARD AUTHORIZATION

CARD HOLDER INFORMATION

Name (as it appears on card): _____

Card Number: _____ CVV Code: _____ Expiration Date: _____

Card Type: Mastercard Visa American Express Discover Other: _____

Account Type: Individual (Personal Card) Corporate (Company Name): _____

Address (as it appears on statement): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

GUEST BLOCK INFORMATION

Room Block Name: _____

Charges: Company Pays All Individual Pays Room & Tax to Master Only

Incidentals are charges made to the hotel room that could include phone calls, spa services, restaurant charges, etc.

EVENT INFORMATION

Event Name: _____ Company (if applicable): _____

Phone Number: _____ Fax or Alternate Number: _____

Event Date: ____/____/____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: It is the policy of Cooper Hotel that we have your credit card number on file. This credit card will be billed if all charges incurred are not paid at the time of departure. *Sending credit card information via email is at the risk of the credit card holder. Cooper Hotel does not fall liable to any information stolen or lost due to breach of email security.* To provide your credit card by phone, please call 972.386.0306.

I hereby authorize Cooper Hotel to charge my credit card for charged incurred for functions held at the hotel. I certify that all information is complete and accurate. I certify that I am the authorized signer of the credit card list above.

CREDIT CARD HOLDER NAME (PRINTED): _____

CREDIT CARD HOLDER SIGNATURE: _____ DATE: ____/____/____