

CREDIT CARD AUTHORIZATION LETTER

Attach a legible copy of both the front and back of the credit card along with this completed fax.

I _____ (print name) hereby authorize the Crowne Plaza Milwaukee West,
10499 Innovation Drive, Wauwatosa, WI 53226 to use my credit card to process the charges specified.
(circle) *MC VS AX DS*

Card Holder's Name _____

Credit Card # _____ Expiration Date _____

Phone Number _____ Fax Number _____

Card Holder's Signature _____

Arrival/Event Date _____ Departure Date _____

Please specify charges authorized for credit card charge:

- Room & Tax Incidental Charges Guestroom Guarantee Only Event Deposit
 Meeting and/or Function (Event Date and "Post As" _____)
 One Time Only Purchase Please Keep on File for Future Visits

Incoming Guest Names _____
(and/or) _____
Function Post As _____

If you wish a copy of the bill to be sent to you upon the guests' departure, please provide the following information:

Company Name: _____
Attention: _____
E-mail or Address: _____

*The Crowne Plaza Milwaukee West is unable to process payment without a copy of the
Front and Back of the Credit Card listed above*

-----**FOR INTERNAL USE ONLY**-----