

BELMONT -HOTEL-

901 Fort Worth Ave.
Dallas, TX. 75208
214.393.2300 Fax: 214.393.4130

CREDIT CARD AUTHORIZATION FORM

The Belmont Hotel has initiated this procedure to protect both The Belmont Hotel and its customers from credit card fraud. The purpose of this form is to inform you of the terms of the transaction between you the customer and The Belmont Hotel.

Cardholder Information

Card Type: (circle) Visa Mastercard Amex Discover Diners

Card Number: _____ Exp. Date: _____

CW2 Code: _____

Account Type: - Individual

- Corporate

Company Name: _____

Name on Card: _____

Billing Street: _____

Billing Zipcode: _____

Phone Number: _____

Fax Number: _____

Guest Information

Guest Name: _____

Company: _____

Phone Number: _____

Arrival Date: _____

Departure Date: _____

Relation to cardholder:(circle) Relative Friend Business Associate Other _____

What are you paying for? (circle) Room and Tax Incidentals Valet All Other _____

**Please complete and fax to (214) 393.4130 with a
copy of Cardholder Photo ID and Credit Card indicated.**

I certify that all information is complete and accurate. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Print Name _____

Signature _____

Date _____