



Credit Card Authorization Form

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Title: _____

I, Hereby authorize Radisson Hotel Miami to charge the below credit card for the following services:

Room & Tax Charges: _____ Banquet Charges: _____
Incidentals Charges: _____ Audio/Visual Charges: _____ Other: _____

Guest /Group/Event Name: _____

Arrival /Function Date: _____

To Credit Card: Amex _____ Visa _____ MC _____ Dinners _____ Discover _____

Credit Card # _____ Expiration Date: _____

Estimated Authorized amount: \$ _____

Print Name of Card Holder as it appears on Credit Card: _____

Signature of Cardholder: _____ Date: _____

Notes: A legible photocopy of the front and back of your credit card, as well as a copy of a picture I.D must be affixed to this form for verification of your signature & credit card number. I agree that my liability for the charge will not be waived and agree to be held personally liable in the event that the credit card company fails to pay the full amount of the charges.

1601 Biscayne Boulevard – Miami, Fl 33132- 305-714-0000- Fax: 305-714-3641
Sales & Catering