



Credit Card Authorization Form

I, _____ hereby authorize the Crowne Plaza/ Holiday Inn Express Springfield Hotel to utilize my credit card to guarantee payment for the below stated service, function or event. I fully understand that my card will be charged for the following: **(please checkmark)**

- All charges (this includes room, tax, phones, restaurant etc.)
- Room and Tax Only
- ALL Meetings/Banquet/AV Charges
- Other _____

(Please Print)

Name(s) of Guest(s): _____

Date(s) of Event: _____

Name of Event: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Holders Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Thank you for your business!