



Credit Card Authorization For Secondary User:

*Please attach a copy of credit card along with picture ID

Guest Name: _____

Card Number: _____ EXP Date: _____

Card Holder Name: _____

Card Holder Phone Number: _____

Authorization Allowed:

Room and tax only: _____

All Charges: _____

Other: _____

Check In-Date: _____

Checkout Date: _____

If tax exempt please provide a copy of tax exempt form

YES

NO

I the cardholder authorize all charges for the above to be charged to my credit card

Authorize Signature

Date

Delta Hotels Marriott Muskegon Downtown
Company Name

939 3rd Street
Address