

KANSAS STATE UNIVERSITY

CREDIT CARD AUTHORIZATION FORM

This form is a template created by Kansas State University for general use. Some hotels may require that their specific card authorization form be used.

GUEST INFORMATION

Guest First Name: _____ Guest Last Name: _____

Arrival Date: _____ Departure Date: _____ Confirmation #: _____

Company Name: Kansas State University

HOTEL INFORMATION

Hotel Name: _____

Hotel Address: _____

Street

City

State

Zip

CHARGE SPECIFICATIONS

Sales Tax Exemption: State of Kansas Exemption # KSB3464J18

Currency Type: USD

Approved Charges (Check all that apply):

Room, Tax, Mandatory Fees Parking Other (Please specify: _____)

Guests must provide a personal payment method for all incidentals and charges not specified above.

CARDHOLDER INFORMATION

Relationship to Guest: University Affiliate Cardholder Name: _____

Cardholder Phone: _____ Cardholder Email: _____

CARD DETAILS

Credit Card Type: Visa Last 4 Digits: _____ Expiration Date: _____ CVV: _____

Billing Address: _____

Street

City

State

Zip

CARDHOLDER AUTHORIZATION

I authorize the hotel named above to charge payment to the credit card described above for all charges as indicated in the Charge Specifications section of this form and for the dates identified in the Guest Information section of this form. I am the authorized signer for this card account. I confirm that the guest named above is age 18 or older.

Signature of Cardholder

Date