

CROWNE PLAZA ASHEVILLE , NC

1 RESORT DRIVE

ASHEVILLE NC 28806

FAX: 1-828-2541603, PHONE: 1-828-2543211

Payment Card Authorization Form

Please complete this form in its entirety, include all requested documentation, and fax it to the hotel at least 3 days prior to check-in to allow for processing. If you have fewer than 3 days before the check-in date, please call the hotel for instructions. This Payment Card Authorization Form is valid for the individual reservation(s) listed below.

Today's Date: _____

I, _____ authorize use of my payment card for FULL PAYMENT of the following:

☐ Room & Tax

☐ Incidentals

☐ Banquet Charges

☐ Other _____

This reservation will be guaranteed to the payment card provided. In the event of a no-show, the payment card will be charged Room & Tax.

Guest Name		
Company		
Address		
Telephone/Fax	()	()
Confirmation Numbers	1.	2.
	3.	4.
Arrival Date		
Number of Nights		

Payment Card Number		
Expiration Date		
Name on Card		
Billing Address		
Telephone/Fax	()	()
Cardholder Signature		