



Fairfield Inn & Suites by Marriott
9044 Holly Road
Grand Blanc, MI 48439
PH: 810-901-0000

Credit Card Authorization Form

Guest Information:

Company Name: _____

Authorized Guests Names: (If Applicable) Last Name, First Name, Loyalty Rewards number.

1. _____ 2. _____

Arrival Date: _____ Departure Date: _____

3. _____ 4. _____

Arrival Date: _____ Departure Date: _____

*** Please use additional rooming list sheet for more than (4) authorized names in a rooming list.**

Card Holder's Information:

Visa: _____ MasterCard: _____ American Express: _____ Discover: _____ () mark X and see attached

Credit Card Number: _____

Name as it appears on the card: _____

Expiration Date: _____ / _____

Authorized Charges: (check all that apply)

_____ If Group Block / **HOLD ONLY**

_____ All Charges

_____ Room & Tax Only

_____ Meeting Room

_____ Shuttle Service

Credit Card Address:

City: _____

State: _____ / Zip: _____

Contact Person for billing: _____

Preferred way to be contacted:

Phone: _____ Cell Phone: _____ or Email: _____

I certify that all information on this is complete and accurate. I hereby authorize the Fairfield Inn & Suites by Marriott of Grand Blanc to collect payment for all charges indicated above. I further certify that I am the only authorized user of the above credit card listed on this form.

Cardholders Signature: _____ Date: _____