



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

Credit Card Authorization Form

PLEASE PRINT CLEARLY:

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

I certify that all information on this form is complete and accurate.

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: _____ / _____ CVV: _____

**Authorized Charges:
(check all that apply)**

_____ **Guest Rooms** Please check one of the following: () **Room & Tax only** or () **All Charges**

_____ **Meeting Room**

_____ **Shuttle Service**

Contact Person for billing: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Cardholders Signature: _____ **Date:** _____