



Fairfield Inn & Suites by Marriott  
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: \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_ Meeting Room

\_\_\_\_\_ Shuttle Service

**Credit Card Address:**

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ / Zip: \_\_\_\_\_

**Contact Person for billing:** \_\_\_\_\_

**Preferred way to be contacted:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

**Cardholders Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_