



CREDIT CARD AUTHORIZATION LETTER

Card Holder's Name: _____
 (as it appears on the card)
 Credit Card
 Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Telephone: _____
 (If different from above)

GUEST/FUNCTION INFORMATION
Guest's Name-OR-Function #1 _____ Arrival Date: _____ Departure Date: _____
Guest's Name-OR-Function #2 _____ Arrival Date: _____ Departure Date: _____
Guest's Name-OR-Function #3 _____ Arrival Date: _____ Departure Date: _____
Guest's Name-OR-Function #4 _____ Arrival Date: _____ Departure Date: _____

CREDIT CARD INFORMATION
Credit Card Type: <input type="checkbox"/> American Express (check one) <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> Diners Club/Carte Blanche <input type="checkbox"/> Discover <input type="checkbox"/> JBC
Credit Card Number: _____ Expiration Date: _____
Amount Requested: <u>n/a</u> (See acceptable charges below) <input type="checkbox"/> Authorization Only <input type="checkbox"/> Charge (Adv Deposit) <input type="checkbox"/> Authorization and Final Payment
<i>A legible photocopy of the FRONT and BACK of the Credit Card along with this completed form must be faxed or mailed to:</i>
CROWNE PLAZA PHILADELPHIA/CHERRY HILL Attn: William King 2349 W. Marlton Pike Cherry Hill, NJ 08002 Fax: (856)-662-1414
Email or fax a copy to the SEFA office at Loretta@sefa.com (224-848-4061)

Card Holder accepts liability for the following charges: (check all that apply)

- All
 Room & Tax
 Restaurant
 Lounge
 Room Service
 Telephone
 Movies
 Banquets
 Valet
 Other (specify) _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges indicated for the above named function(s) or night(s) stay.

Authorized Signature: _____ Title: _____ Date: _____
 Revised 1/07