



Credit Card Authorization Form for Events

Dear SEFA GUEST,

If you will be paying for your hotel expenses with a Corporate Credit Card that you will not have with you when you check-in, please complete this form and submit it to the hotel no later than a week prior to arrival. The authorized signer on the credit card must complete the form. Please fax the completed form along with a copy of the front and back of the credit card to:

Marriott Evergreen Conference Resort- Attention Front Desk Supervisor at 770/465-3264

SEFA NATIONAL SALES CONFERENCE
March 10 - 13, 2010

Cardholder Information

Name as it appears on the credit card:

Card type: [] Visa [] MC [] Amex [] Diners/CB [] Discover [] JCB

Account type: [] Individual (personal credit card)

Corporate [] Company Name:

Account number: Exp. date:

Address: (where statement is mailed)

City, State and Zip:

Phone number: Fax or alternate number:

Guest Information

Event name: SEFA NATIONAL SALES CONFERENCE

Guest name:

Phone number: Fax or alternate number:

Event date: March 10-13, 2010

Event Charges

Room & Tax Only Room/Tax & Incidentals Food and Beverage Other (specify):

I certify that all information is complete and accurate. I hereby authorize {Marriott Evergreen Conference Resort} to collect payment for all charges as indicated in the Guest Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed for the entire event. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)

Cardholder signature: Date: