



Credit Card Authorization Form

Thank you for choosing the New Orleans Marriott to as the location for your program. Please provide all the information requested below as a form of payment for all event charges (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

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: _____

Credit Card Account Number: _____ Exp. date: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax Number: _____

Event Information

Name of Event: _____

Organization Name (if applicable): _____

Phone Number: _____ Fax Number: _____

Event Dates: _____

I certify that all information is complete and accurate. I hereby authorize The **New Orleans Marriott** to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

Please fax the completed form to **Kristen Moody 504-581-5749**