

Credit Card Authorization Form
PHOTOCOPY OF CARD IS REQUIRED
(Requirement per State of Michigan)

Name of Guest: _____

Stay Dates: _____ Confirmation#: _____

Authorized Charges to Credit Card (Check All Applicable):

Room and Tax: _____

Parking: _____

All Charges (including incidentals*): _____

*Other Incidental charges could include: Restaurant, Laundry, Rollaway bed, Pay Television, Postage, Copies, Fax, Telephone (Local or Long Distance). If other, please specify:

Credit Card Number: _____

Expiration Date: _____

Card Holders Name: _____

I _____, Authorize the Radisson Hotel Lansing to bill charges listed above to my credit card.

_____/_____
Signature of authorized card holder and Date

Phone _____

Email to completed form to frontdesk@radlansing.com