



**AMERICAN CHORAL DIRECTORS ASSOCIATION**  
**Credit Card Authorization Form for Individual Reservations**

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **the Reservations Department (215) 625-6084**

**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**

Guest Name 1: \_\_\_\_\_ Confirmation #: \_\_\_\_\_ Dates: \_\_\_\_\_

Guest Name 2: \_\_\_\_\_ Confirmation #: \_\_\_\_\_ Dates: \_\_\_\_\_

Guest Name 3: \_\_\_\_\_ Confirmation #: \_\_\_\_\_ Dates: \_\_\_\_\_

Guest Name 4: \_\_\_\_\_ Confirmation #: \_\_\_\_\_ Dates: \_\_\_\_\_

Guest Name 5: \_\_\_\_\_ Confirmation #: \_\_\_\_\_ Dates: \_\_\_\_\_

**Rate Information and Approved Charges**

Room rate:\* \_\_\_\_\_ Taxes:\* 15.2% Total daily rate:\* \_\_\_\_\_ Number of nights: \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges  Room & Tax  Parking  Wired for Business

Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **the Philadelphia Marriott Downtown** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_ for the entire stay/event. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Hotel Use Only**

Accounting Log  Hotel Representative Initials: \_\_\_\_\_ Date Entered in system: \_\_\_\_\_ Account number: \_\_\_\_\_