

# CREDIT CARD AUTHORIZATION FORM

By signing below, I authorize \_\_\_\_\_, to  
Place guestroom charges on the credit card listed below. By authorizing the charge,  
I am responsible for the amount processed by Eagle Ridge Conference Center.

Credit Card Type:

Visa:\_\_\_\_\_

Master Card:\_\_\_\_\_

Discover:\_\_\_\_\_

American Express:\_\_\_\_\_

Diners Club:\_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on Credit Card (Printed)

\_\_\_\_\_  
Signature of Credit Card Holder

\_\_\_\_\_  
Billing Code

Fax# 601-857-3729