



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 please provide a **copy of the card holder's identification along with a copy of the front and back of the credit card.** If a copy of the card holder's identification and front and back of the credit card is not received, the request will not be valid. Please fax to: (512) 391-7057.

Cardholder Information

Name as it appears on the credit card: _____

Card Type: VISA MasterCard AMEX DINERS/CB Discover

Account Number: _____ Expiration Date: _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Fax or alternate number: _____

Guest Information

Guest Name: _____

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

Approved Charges

- All Charges Room and taxes Telephone Restaurant Room Service
- Valet Laundry Valet Parking Movies Mini Bar Other: _____

I certify that all information is complete and accurate. I hereby authorize the Driskill Hotel to collect payment for all charges as indicated in the **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 understand should the guest no show or cancel their accommodations; I will be responsible for any charges based on their cancellation/terms policy. I understand that a new form must be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (print) _____

Cardholder Signature: _____ Date: _____