



400 Avenue of the Champions Palm Beach Gardens Fl 33418
Phone: 561-627-2000 Fax: 561-691-9133

Name of Company / Association / Individual:	
This is your authorization to bill my credit card number as follows:	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<input type="checkbox"/> Diners Card	<input type="checkbox"/> Other: _____
Card Number: _____	Exp. Date : _____
Name as it appears on card: _____	
Billing Address/Phone:	

<input type="checkbox"/> Room - Tax – Resort fee Only	<input type="checkbox"/> Room & Tax, Food & Beverage
<input type="checkbox"/> All Charges	<input type="checkbox"/> All Charges
<input type="checkbox"/> Others:	_____
List Name (s) of Guests (if applicable):	
_____	_____
_____	_____
_____	_____
Arrival Date: _____	Departure Date: _____
_____	_____
Cardholder's Signature	Date

** We must receive a copy of the front & back of the credit card being used along with this form. Thank you.