



Trump National Doral

MIAMI

CREDIT CARD AUTHORIZATION FORM

GUEST INFORMATION

NAME OF GUEST: _____
(AND/OR)

GROUP NAME: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

CREDIT CARD INFORMATION

AMERICAN EXPRESS _____ MASTERCARD _____ VISA _____

CARTE BLANCHE _____ DINER'S CLUB _____ DISCOVER _____

CREDIT CARD NUMBER: _____ EXP DATE: ____ / ____

SECURITY VERIFICATION CODE: _____



OR



Please fax the valid copy, of the government I.D. and credit card of the individual paying by credit card for another person.

(VISA/MASTERCARD) (AMERICAN EXPRESS)

I agree to cover the following categories of charges: (Please check one)

- All Charges
- Room & Tax
- Resort Fee
- All Incidentals
- Food & Beverage _____

BILLING INFORMATION OF CARD HOLDER

NAME OF CARD HOLDER: _____
(PLEASE PRINT)

STREET ADDRESS: _____

CITY: _____

STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____

SIGNATURE/ACKNOWLEDGMENT

By signing, I hereby authorize Trump National Doral Miami to charge the credit and/or debit card listed above

CARDHOLDER SIGNATURE: _____ **(MUST MATCH BACK OF CREDIT CARD)**

Please completely fill out this authorization form and fax to 305-591-6653. **If a debit card is submitted, the funds will be automatically deducted from your account upon authorization, even if the deposit is not immediately charged.** Accounting can not differentiate whether a credit card or debit card has been submitted.