



Radisson Hotel Schaumburg

Credit Card Authorization / Credit Card Payment Form

Name of Guest: _____

Guest Dates: _____

Credit Card Number: _____ Exp: _____

Name on Credit Card: _____

Billing Address: _____

Suite / Apt. / Unit: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Credit Card to be used for:

- For all Charges
- For Room and Tax for the following people
- For only incidentals
- For all Banquet Charges
- For Advance Deposit of \$ _____
- Authorized for one time charge only
- Authorized for during all future functions / stays

By signing this form I authorize the Radisson Hotel Schaumburg to bill all the charges marked above to the credit card listed. **A front and back copy of the credit card must be provided with this form, or authorization will not be honored.**

Cardholder's Signature

Date

- Send copy of bill to my billing address
- Send copy of bill to my fax number
- Do not send me a copy of the bill