



CREDIT CARD AUTHORIZATION FORM

Please Complete the Following Authorization Information & Return to Fax Number 801-394-6312

Company Name: _____

Contact Name: _____ Phone #: _____

Email to Receive Final Bill: _____

Card Billing Address: _____

Card Number: _____ Expires: _____

Name on Card: _____ Card Type: Debit Credit

SLEEPING ROOM CHARGES: *(Please check all that are authorized to be charged onto the above card)*

Room & Tax

Incidentals

Please list the guest name for any reservations that will be paid with the above card along with arrival dates:

- | | |
|-----------|---------------------|
| 1. _____ | Arrival Date: _____ |
| 2. _____ | Arrival Date: _____ |
| 3. _____ | Arrival Date: _____ |
| 4. _____ | Arrival Date: _____ |
| 5. _____ | Arrival Date: _____ |
| 6. _____ | Arrival Date: _____ |
| 7. _____ | Arrival Date: _____ |
| 8. _____ | Arrival Date: _____ |
| 9. _____ | Arrival Date: _____ |
| 10. _____ | Arrival Date: _____ |

(Additional names can be provided on an attached list)

I authorize the above charges to my credit card and understand that some charges are subject to sales tax and service charges.

Signature

Date