



2401 Washington Boulevard ~ Ogden, Utah 84401
Phone: (801) 394-9400 ~ Fax: (801) 394-9500

CREDIT CARD AUTHORIZATION FORM
PLEASE COMPLETE AND RETURN VIA FAX PRIOR TO GUEST/S ARRIVAL

Company/Card User Information:

Weber State University
Company Name

Card Holder Name Phone

Card Billing Address

Guest or Group Information:

Guest (s) or Group Name Receiving Authorization

Arrival Date Departure Date Confirmation or Folio #

Charge authorization to include (check one):

Room Room and Incidentals

I approve authorization for an additional night/nights if required: Yes No

Last Four Digits of Card Number Expiration Month/Year

Full Name(as it appears on the card) Signature Date

Email Final Receipt to: _____