



Metropolis Resort Front Office
5150 Fairview Drive
Eau Claire, WI 54701
P- 715.852.6000 | F- 715.852.6002
www.metropolisresort.com

Credit Card Authorization Form

This form must be presented upon arrival or submitted prior to guest's arrival date. If this form cannot be presented, the hotel reserves the right to decline to accept any third-party credit card at its discretion.

If the authorization is limited to Room and Tax, the guest will still be required to present a valid credit card at check-in, establishing credit for incidental charges.

Name: _____

Organization: _____

Phone: _____ Fax: _____ Email: _____

Please indicate what charges you authorize to be paid by this credit card.

All Charges: _____ **OR** Room + Tax Only (guest rooms): _____

Other charges – Please List (ie. Food/Beverage, Conference/Banquet, Leisure, etc.):

1. _____
2. _____
3. _____

Date(s) Charges accepted: _____ **OR** Continuous through: _____

Group/Event: _____

Guest Name(s)+Confirmation Number(s):

1. _____
2. _____
3. _____
4. _____
5. _____

A legible photocopy of the front and back of the credit card must be submitted with the completed form.

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____