



CREDIT CARD AUTHORIZATION  
FOR  
**Embassy Suites Hotel & Conference Center**  
2501 Conference Drive, Norman OK 73069  
Phone (405) 364-8040, Fax (405) 253-3550

**HOTEL USE ONLY**

Please bill credit card for  
final payment on  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
in the amount of  
\$ \_\_\_\_\_  
Banquet  
\$ \_\_\_\_\_  
Guest rooms

**GUEST (Conf #)/GROUP/COMPANY NAME:** \_\_\_\_\_

**ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

I, \_\_\_\_\_ request that the below credit card be used for the stated function (s) or guest room (s) to be held at the **EMBASSY SUITES, NORMAN**. I state that I am the primary card holder or am authorized for the credit card account, and will pay all charges incurred as agreed upon.

Please note: If you are providing us with a debit card, our credit card authorization system captures these funds automatically-taking the money out of the bank account. The credit will be posted to your hotel account immediately, but if you eventually pay by another method, your bank may take up to 10 days to reverse this original charge and credit the bank account. By signing below, you are authorizing this procedure.

I am providing the credit card information for the following:

- \_\_\_\_\_ For deposit in the amount of \$\_\_\_\_\_ to be applied to the above event(s).
- \_\_\_\_\_ For payments in full for the above events not to exceed \$\_\_\_\_\_
- \_\_\_\_\_ For guaranty in the event that all fees not paid in accordance with direct bill terms.

Please charge the credit card for:

- |                               |                             |
|-------------------------------|-----------------------------|
| _____ Guest Room & Tax        | _____ Parking               |
| _____ Incidentals             | _____ Meeting Room Rental   |
| _____ Meeting Food & Beverage | _____ Other (Please notate) |
|                               | _____                       |

Type of Credit Card \_\_\_\_\_ Today's Date \_\_\_\_\_

Name on Card (Please Print) \_\_\_\_\_

**Last 4 Digits** of Credit Card Number (full number will be requested via phone) \_\_\_\_\_ Exp \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Contact Ph# \_\_\_\_\_

**Name of person(s) authorized to sign for the above charges on the day of event, if different from signatory:**

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**THIS FORM MUST BE STORED IN A SECURED AND LOCKED AREA.**