Reservation # :

**Third party Payment Authorization Form**

* **Guest Name:**
* **Arrival Date:**
* **Departure Date:**
* **Charge: Room only Full Account**
* **Credit Card Type: VISA MASTER AMEX**

**Credit Card # :**

 **Expiry Date :**

**Card Holder Name & Company:**

**Card Holder Address:**

**Card holder Telephone:**

**I authorize Hotel DeOro to debit my account with charges specified above**

Date :

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_