



1507 North Watson, Arlington, TX 76006
Phone: (817)-640-7712 Fax: (817)-640-3174
www.admiraldfw.com

Credit Card Authorization Form

Please provide the following information for processing of credit cards:

- Guest/Group Name _____
- Check in or Event Date _____
- Check out Date _____
- Type of Card (i.e. American Express, Visa) _____
- Full name as displayed on card _____
- Expiration date on card _____
- Card Number # _____

Please provide us with a phone contact so we may contact you to get the full credit card number:

I, _____ authorize the Admiral Hotel to use the above card for:
(Credit card holder)

- Room accommodations and taxes only
- All charges to room including meals
- All Group rooms to include tax and associated charges
- All banquet food and beverage and associated charges to include tax, service charges, food and beverage, attrition and cancellation charges
- All master account and other charges
- Group Deposit of \$ _____ (as per contract)
- Following charges only: _____

Signature _____ Date _____
(Signature of credit card holder)

Please fill out and return via fax to: (817) 640-3174 Attn: __Amanda Kinney_____