



Credit Card Authorization Form

Company/Guest Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_  
(As it appears on card)

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Statement of Cardholder

\_\_\_\_\_ I authorize a charge of 10% of the estimated total to be billed to my card on the date  
(Initials) of signing the event contract.

\_\_\_\_\_ I authorize a charge for the balance of the estimated total to be billed to my  
(Initials) card seventy-two (72) hours prior to the function.

- For guarantee of guestroom reservations
- For payment of meeting room, banquet/catering charges & A/V, plus service charges and all applicable taxes
- Payment of Miscellaneous charges and all applicable taxes
- \_\_\_\_\_
- For payment of guest rooms and occupancy tax
- For payment of guest rooms, occupancy tax and incidentals
- For payment of incidentals plus all applicable taxes
- Payment of Attrition and Cancellation Charges
- Other \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cardholder

Renaissance St. Louis Airport Hotel  
9801 Natural Bridge Road St. Louis MO 63134  
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Sales/Catering Fax: 314-890-3102