



## Credit Card Authorization Form (Individual)

**\*\*\*Please complete entire form\*\*\***

I hereby authorize **Loews Hotels at Universal Orlando** to charge my credit card for the following:

**(Please check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Deposit \$ _____             | <input type="checkbox"/> Loews Portofino Bay Hotel            |
| <input type="checkbox"/> Room & Tax                   | <input type="checkbox"/> Hard Rock Hotel at Universal Orlando |
| <input type="checkbox"/> Room, Tax, F&B               | <input type="checkbox"/> Loews Royal Pacific Resort           |
| <input type="checkbox"/> All Charges                  | <input type="checkbox"/> Universal's Cabana Bay Beach Resort  |
| <input type="checkbox"/> Other (specify amount) _____ | <input type="checkbox"/> Loews Sapphire Falls Resort          |

Type of Credit Card (please circle):

American Express / Visa / Mastercard / Discover / JCB / Diner's Club

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (4 digits on front of AMEX, 3 digits above signature line on other cards)

Printed Name of Cardholder: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Guest(s): \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Rate: \_\_\_\_\_

- **Please complete this form in full and fax to 407-503-9208, along with a clear copy of both sides of the credit card to be charged and a copy of the cardholder's photo ID. If you have any questions please contact us at 407-503-9276**
- Please be advised that your credit card will be charged in full upon receipt of this form.
- Cancellation must be made 5 days prior to the day of arrival before 4:00PM E.D.T. to avoid being charged one night's room and tax. Please remember to obtain a cancellation number. No refund will be issued without a cancellation number.

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Hotel Use Only)

Sender's Name \_\_\_\_\_

Sender's Phone Number \_\_\_\_\_

Sender's Email \_\_\_\_\_