



Credit Card Authorization Form

Best Western
Meridian Inn & Suites
720 The City Dr. S., Orange, CA 92868
Tel: 714.740.2700
Fax: 714.971.1692
E-mail: staff@bwmeridian.com

Individual / Reservation / Group or Event Name: _____

Reservation Confirmation Number: _____

Arrival or Event Date(s): _____

Credit Card Billing Address: _____

City / State / Zip / Country: _____

I hereby authorize the following charges to be applied to the following credit card. Check all that apply:

- All Charges **All Incidentals** Food & Beverages
- Room & Tax Only Specific Incidentals **Meeting Room Rental**
- Telephone Guest Amenity Other: _____

I hereby authorize the following amount be applied to the credit card \$ _____

(Please write "unlimited" if you cannot make an estimated amount/ applicable sales tax and service charges may apply)

- Visa Master American Express Discover

Credit Card Number: _____

Name on the Card: _____

Expiration Date: _____

Phone: _____

Cell Phone: _____

Signature: _____

Date: ____ / ____ / ____

Please Fax This Form Along With Front & Back Copies of Your Credit Card & Picture ID to (714) 971-1692.