



BOCA RATON RESORT & CLUB®

A WALDORF ASTORIA® RESORT

CREDIT CARD PAYMENT AUTHORIZATION FORM

I authorize the use of my Credit Card for charges incurred at the Boca Raton Resort & Club as follows:

EVENT – NAME AND DATE	TYPE OF CHARGES	DEPOSIT and/or BALANCE

DATE:

COMPANY NAME:

CARDHOLDERS NAME:

LAST 4 DIGITS OF CREDIT

CARD:

EXPIRATION DATE

CARD TYPE

AMEX VISA MASTER CARD OTHER _____

Please be advised an Accounting Representative will be contacting you to obtain the full card number.

I accept liability for the above stated charges and authorize the use of my card for said charges.

CARDHOLDERS

SIGNATURE

PHONE/ FAX:

EMAIL ADDRESS:

PLEASE RETURN TO DEBORAH PARKS, CREDIT & COMPLIANCE COORDINATOR
PHONE: 561-447-3133

FAX: 561-447-5989