

**MILWAUKEE DOWNTOWN**

**Group Credit Card Letter of Authorization**

**710 N. Old World Third Street | Milwaukee WI 53203**

**Phone: 414.224.8400 | Fax: 414.224.8696 | Email: shalen.larsen@marriott.com**

**Today’s Date:**

**Group Name:**

**Group Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name:**

**Phone Number: Cell Phone:**

**Email Address:**

**Credit Card Type:**  Master Card  Visa  American Express  Discover

**Credit Card Number:**

**Expiration Date: 3 Digit Security Code:**

**(Located on the back of the credit card)**

**Name on Credit Card:**

**Billing address for credit card:**

**Group Deposit (if required) $\_\_\_\_\_\_\_\_**

**All event/function space that has been reserved will be secured with the above credit card.**

**Please select from the following for Sleeping Room charges:**

 All charges to master bill

 Room & tax to master bill

 Room & tax & incidentals to master bill

 Incidentals paid by Guest (guests need to present a credit card upon arrival)

 All charges paid by Guest (guests need to present a credit card upon arrival)

 For Guarantee Only (guests need to present a credit card upon arrival)

**Credit Card on file for all final bills for multiple events/functions:**

 Please use this credit card for all final bills starting (date) through ending (date) .

**On-site Contact Name: Cell Phone:**

Is on-site contact authorized to add charges to this cc#?  yes  no  yes, up to $

**Signature of Card Holder:**