

CAMBRIA® | hotels

Cambria Hotel Madison East
5045 Eastpark Boulevard, Madison, WI 53718
Phone: (608) 241-7070
Fax: (608) 241-9090

CREDIT CARD AUTHORIZATION FORM

I _____ (name) authorize Cambria Hotel Madison East
to process charges to my credit card for the noted items below.

Check all the boxes that apply:

- | | |
|--|---|
| <input type="checkbox"/> Room, Tax Only | <input type="checkbox"/> Banquet / Meeting Room Charges |
| <input type="checkbox"/> Room, Tax, and Incidentals
(Incidental = Restaurant, Lounge, Movies) | <input type="checkbox"/> Group Advance Deposit |
| <input type="checkbox"/> Keep on File for Future Charges | <input type="checkbox"/> Shipping / Postage |

Company Name, Group or Guest Name: _____

Specific Guestroom Reservation:

Arrival Date *or* N/A: _____ Departure Date *or* N/A: _____

Credit Card Number (enter dashes): _____

Mastercard, Visa, American Express and Discover cards accepted.

Credit Card Expiration: (Date MM/YY format): _____ CV2 Code: _____

Card Holder Name: _____

Billing (Street Address): _____

(City, State and Zip Code): _____

(Phone Number): _____

Signature: _____ Date: _____

Please complete all the required fields as noted above by the
adobe signature program, once completed check the accept terms below to finish.
If you are unable to complete this form online, feel free to print, and fax back the
completed form to **608-241-9090**.

Thank you for your business!

SEND TO: FD@MADISON-CAMBRIA.COM