

Date _____

Company/Program _____

Event Date(s) _____

I, _____,
(Print Cardholder Name)

hereby authorize HOTEL VALENCIA RIVERWALK to charge the items below to my credit card.

Credit Card Type (Circle One) MasterCard Visa American Express Discover

Credit Card # _____ Expiration Date _____

Credit Card Billing Address _____

E-mail address _____

CHECK APPROPRIATE SERVICES TO CHARGE AUTHORIZED CREDIT CARD

Room and Tax: All Guests Specific Guests _____

Valet Parking: All Guests Specific Guests _____

Incidentals: All Guests Specific Guests _____

Banquet Charges: Event Date(s) _____

Cardholder Signature _____ Date _____

TAX EXEMPT STATUS

Occupancy Tax Exempt Yes* No Sales & Use Tax Exempt Yes* No

*If yes, please attach a completed copy of the State of Texas Tax Exempt Form(s).

VERIFICATION

Attach copy of front of credit card with this completed form

RETURN COMPLETED FORM TO

Elena Quintana, Sales Coordinator
fax: 210.220.3001, elquintana@valenciagroup.com



HOTEL VALENCIA
R I V E R W A L K
S A N A N T O N I O

CREDIT CARD AUTHORIZATION