

## **CREDIT CARD AUTHORIZATION FORM**

Individual/Business/Group Name:	
Arrival or Event Date (if applicable):	
Credit Card Billing Address:	
City / State / Zip:	
Contact Phone Number:	
Contact Email Address:	
I hereby authorize the following charges to be applied to the following credit card. Check all that apply:	
☐ Guest Room(s) & Tax ☐ Food 8	& Beverage
☐ Guest Room Incidentals ☐ HSY Destination Services ☐ Other (list in comments)	
Comments:	
I hereby authorize the following amount be applied to the following credit card (applicable sales tax and service charges may apply):  \$	
Credit Card Type: □ Visa □ MasterCard □ American Express □ Discover	
Credit Card Number:	
Name on Card:	
Expiration Date:	
Cardholder Phone #:	
Cardholder Signature:	

Please return completed form by fax or email to:

**Attn: Michele Maxwell** 

FAX: 717-534-8668

All information is kept confidential and used only for the purposes noted above.