HERSHEY
ENTERTAINMENT & RESORTS®

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 & Beverage** ☐ **Spa Services** ☐ **Country Club**

☐ **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.