

Third Party Credit Card Authorization Form

Der Ritterhof Inn-Leavenworth, WA

This form has been created in order to allow you to have a third-party expense charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to DER RITTERHOF INN Leavenworth, WA at (509) 548-1326. If there are any questions, please contact us at (509) 548-5845. Please note, this form is to accompany any existing reservation, submitting this form will not generate a guest room reservation.

*****PLEASE INCLUDE A PHOTOCOPY, FRONT AND BACK OF THE CREDIT CARD AND PICTURE ID*****

Cardholder Information:

Name as it appears on the Credit Card: _____

Card Type: Visa _____ MC _____ Amex _____ Discover _____

Account type: Individual _____ Corporate / Company Name _____

Account/Card Number: _____ Exp. Date _____

Address: _____

(Where statement is mailed)

City, State and Zip: _____

Phone Number: _____ Fax or alternate number: _____

Guest Information:

Guest Name: _____

Company: _____

Phone Number: _____ Fax or alternate number: _____

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

Relation to cardholder _____ Relative _____ Friend _____ Business Associate _____ Other _____

I hereby authorize the following charges to be applied to my credit card listed above. Check all that apply:

Room & Tax _____ Pet Fee _____ Gift Certificate _____ All Incidentals _____

Tax Exempt _____ Yes _____ No _____ Tax Identification # _____

Room Rate* _____ Taxes* _____ Total Daily Rate* _____ Number of Nights* _____

I certify that all information is complete and accurate. I hereby authorize DER RITTERHOF INN -Leavenworth, WA to collect payment as indicated in the Rate Information section of the form by processing a charge to the credit card listed above. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above. I understand that if the hotel is unable to obtain approval on above mentioned credit card than the hotel will require an alternate form of payment from the guest or the reservation will be cancelled. I also understand and agree that my credit card listed above will be charged for any damage(s) caused to the guest room by the guest listed above or if evidence of smoking is found in the guest room. Please return the completed form at least 72 hours prior to the arrival date of the guest.

Cardholder Name:(printed) _____

Cardholder Signature: _____