



CREDIT CARD AUTHORIZATION REQUEST FORM

I hereby authorize the charges as outlined below to be charged by Hotel Colorado to my credit card for the following guest(s). I understand that late cancellations and unused reservations are subject to a cancellation penalty charge which is nonrefundable.

☐ Room Charge + Taxes for _____ night(s)

☐ Room Charge + Taxes + Parking for _____ night(s)

**Parking is \$10/night/vehicle*

GUEST NAME:	CONFIRMATION #:	ARRIVAL/DEPARTURE:

Please check the box below if you will cover incidental charges for the guest(s). If no selection is made, Hotel Colorado will assume no incidentals will be covered.

☐ No Incidentals

☐ Food & Beverage (Restaurant, Room Service, Legends Gift Shop)

☐ Catering

☐ Audio Visual

☐ All Incidentals (Food & Beverage, Business Services, Phone Charges, Retail, etc.)

I do understand that this transaction is non-reversible unless the reservation(s) is/are canceled 48 hours before the arrival date. I acknowledge that all the aforementioned charges will be processed to my credit card as an advanced deposit for the person(s) designated above. I understand that if I choose to pay for incidentals as outlined above it is my responsibility to provide payment for all posted charges and hereby waive my rights to dispute or request a refund of charges. Additionally, I understand I will be responsible for any damage to the room(s) or public areas caused by the identified guest(s).

CREDIT CARD HOLDER'S SIGNATURE: _____ DATE: _____

ACCOUNT INFORMATION

CARDHOLDER'S NAME: _____

PHONE #: (____) ____ - _____

EMAIL ADDRESS: _____

BILLING ADDRESS: _____ STATE: _____ ZIP: _____

CREDIT CARD TYPE (CIRCLE ONE): VISA MASTERCARD AMEX DISCOVER

CREDIT CARD #: _____ EXP DATE: _____ CVV or CID: _____

Please send the completed form to: res@hotelcolorado.com. For any questions, please contact us at (970)945-6511.