



Courtyard Newark – University of Delaware *Credit Card Authorization Form*

Please fill out the following information in detail. Once completed, please fax a **legible copy of both the front and back of the credit card** to (302) 261-0251 or send to the hotel's Accounting Department at the address listed below. It is very important that we can see the signature and the numbers on the credit card. The owner of the card must complete and sign this approval form. The hotel must receive your approval prior to your guest's arrival.

I _____, hereby authorize the Courtyard Newark – University of Delaware to charge my credit card account for the payment of the following charges...

All charges	
Fax, copy, and business charges	
Restaurant charges	

Room and tax charges	
Laundry, valet, and retail charges	
Telephone charges	

...on behalf of guest, _____, whose confirmation number is _____, arriving on _____ and departing _____, for a total of _____ nights.

My credit card number is _____, and the expiration date is _____.

Cardholder's signature: _____ Date: _____.

Cardholder's phone number in case of questions: _____.

Email address to send the final receipt: _____.

Fax number to send the final receipt: _____, attention _____.

We'll be sure to take care of your guests! Please let us know if there is anything more that we can do for you.

400 David Hollowell Drive; Newark, DE 19716
Phone: (302) 737-0900; Non-Secure Fax Line: (302) 737-0990;
Secure Fax Line: (302) 261-0251
Website: <http://www.marriott.com/ilgud>