



1500 Sand Lake Road
Orlando, FL 32809

Credit Card Authorization Form

GROUP NAME: _____

GROUP CONTACT: _____

EVENT DATES: _____

It is agreed that you authorize The Florida Hotel & Conference Center to use the following credit card to guarantee payment for the following function. If no other form of payment is provided prior to the function(s), the credit card listed below will then be charged for the total amount due.

This is payment for:

Individual

Name on Credit Card: _____
Please Print

Card #: _____

Exp. Date: _____

Credit Card Billing Address:

I am the authorized signer on the above card number:

Authorized Signature of Card Holder

Date

****Please include a clear photocopy of the front and back of the above card and a clear copy of the account holders photo I.D. The hotel is not responsible for illegible or incomplete information and payment will not be processed if copies are not clear.** Please Fax Back to (407) 855-9863**