

Credit Card Authorization Form

Fax (231) 534-6670
Grand Traverse Resort and Spa
P.O. Box 404
Acme, MI 49610-0404
(800)748-0303

Fax along with a **COPY OF THE FRONT AND BACK OF THE CREDIT CARD**
you want to use for payment:

Company Name: _____ (if applicable)
Contact: _____
Address: _____
City, State, Zip _____

***Names of Guest(s) or Event:** List all of the guests entitled to use the
credit card for payment

***Dates of Stay or Event: Specify** arrival and departure dates

***Credit Card Charges Authorized: Please check all that apply**

- | | |
|--|---|
| <input type="checkbox"/> Room/Taxes/Resort Fee | <input type="checkbox"/> Local calls |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Long distance calls |
| <input type="checkbox"/> Spa | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Golf | <input type="checkbox"/> ALL CHARGES |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Other charges please specify |

I, _____, authorize The Grand Traverse Resort and Spa
to charge my credit card for the charges detailed above. **I am faxing a copy of
the front and back of the credit card for your records.**

Credit card# _____ Expiration Date _____

Signature _____ Date _____

Printed Name _____ Phone # _____