



CHARGE AUTHORIZATION FORM

Group or Guest Name:	
Arrival Date:	Confirmation Number:

I hereby authorize Dreams Hotels to charge my credit with the amount as described below.

Date to be charged:

(Hotel will charge card as arrival date unless otherwise specified.)

Cardholder Name:

Credit Card Type:

Number:

Expiration Date:

SIGNATURE OF CARDHOLDER:

DATE SIGNED:

DESCRIPTION OF CHARGE:

- A photocopy of the front and back of the above credit card must be included for the request to be processed.