

The **DIPLOMAT**

BEACH RESORT

Credit Card Payment Authorization Form for Technology Services Order

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 7 business days prior to the Event in order to honor the advanced rates, or by specified date of Event (Pop up rates), to ensure acceptance of the credit card to be charged.

Email form to fldhitcontact@diplomaresort.com and contact 954-602-8856 for processing of payment.

ATTN: Information Technology Department

HOTEL USE ONLY:

Date: _____

Authorized Amount:	Approval Code:	Date:
--------------------	----------------	-------

CARDHOLDER - Please complete the following section and sign/date below.

Guest / Group Name:				
Check-In / Event Date:				
Name of Person/Group Making Reservation:				Phone:
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime /Business Telephone:			Evening Telephone:	
Last 4 digits of Credit Card Number:	Please call to process payment over the phone.			Expiration Date:
Credit Card Type: (Circle one)				
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners Club
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle)				
<input type="checkbox"/> Ethernet	<input type="checkbox"/> Wireless	<input type="checkbox"/> Phone Setup	<input type="checkbox"/> Telephone	<input type="checkbox"/> Miscellaneous

Note: Charges for Technology Service Order payments will be charged to your credit card immediately. Any telephone usage charges will be charged at the time of conclusion of the event.

In case of a cancellation after account set up/ installation, 25% of the initial fee is due.

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above. If telephone usage was acquired, then all related charges will be charged to the provided card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____