



CREDIT CARD AUTHORIZATION FORM

Please complete the information below and fax back
along with a copy of the front and back of the credit card.

Fax to (502) 585 9029

I _____ authorization The Galt House and Suites, Louisville, KY
(Name as shown on card) (Name of Hotel)

to charge my card _____ for charges incurred by _____
(Card name) (Name of guest(s))

_____, _____, _____
(Confirmation number(s)) (Date of arrival) (Number of nights)

Please check (✓) the following billing item that will be charged to the credit card account below.

All guest room charges including incidentals _____	Parking _____
Guest Room and Tax only _____	Telephone _____
Restaurant _____	Movie charges _____
Bar and Lounge charges _____	Transportation _____
Room Service _____	Club 360 Fitness _____
Other _____	
(Please name other charges)	

Card Holder's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Credit Card Number _____ Expiration Date _____

Email Address _____

Cardholder's Signature _____