



Credit Card Agreement Form
(Must be received before guests date of arrival)

Thank you for selecting the Point Hotel and Suites for your business or pleasure in Orlando.

I, _____, hereby authorize the **Point Hotel and Suites** to charge my credit card.
(Submit copy of the front side of the guaranteeing credit card and photo identification)

Address: _____

Town/City _____, State / County / Province _____

Zip Code / Postal Code: _____ Country: _____

Business Tel: (____) _____, Fax (____) _____, Home Tel: (____) _____

Name of arriving guest (s)

1) _____ / Arr. Date _____, Dep. Date _____, Confirmation#: _____

2) _____ / Arr. Date _____, Dep. Date _____, Confirmation#: _____

Credit Card:

American Express Visa MasterCard Discover Card

Number:

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Expiration Date:

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Please indicate specifically the services that will be charged to the above indicated credit card.

All Expenses Room & Tax only Room, Tax, & Resort Fee Resort Fee only Incidentals

Amenity Request (see attached sheet for breakdown) Other _____ (please specify)

Room Rate \$ _____, per night, per suite + 12.5% tax.

Card Holder's Signature

*****Please be sure to submit the form with a clear copy of the corresponding credit card and photo ID*****

Please choose from one of the following options to submit the completed form:

1. Fax the form to the number **1-866-325-5961**
2. Upload the file to:

<https://docviewerapi.shieldq.com/FileUpload/Perform?profileToken=67434699079c40a58d10b7852f8a730a>