

The
GALT HOUSE
• HOTEL •

**THIRD PARTY CREDIT CARD
CREDIT CARD AUTHORIZATION FORM**

Please complete the information below and fax this form back along with a copy of the front and the back of the credit card. Then fax it to the Reservations at (502) 569-4616.

I _____ authorize the _____, Louisville, KY
(Name as shown on card) (Name of Hotel)

To charge my _____ for charges incurred by _____
(Card Type) (Name of Guest)

_____, _____, _____
(Confirmation Number) (Date of Arrival) (Number of Nights)

ALL CHARGES / ROOM AND TAX CHARGES / ROOM, TAX AND PARKING

(PLEASE CIRCLE ONE)

OTHER (SPECIFY): _____

Card Holder's Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone Number: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

*** ALSO PROVIDE A PICTURE ID PLEASE**