



University of Louisville
Hotel Reservation Credit Card Authorization Form

Property Name: _____
Address: _____

Guest or Event Information

_____	_____
Guest Name	Event Date(s)
_____	_____
Requested Room Dates	Type of Room(s) for Event
_____	_____
Type of Room	Comments

UofL Department Information

Department Name _____
Department Contact Name _____
Department Phone Number & E-mail _____ / _____

Allowable Charges for this Reservation:

- _____ Room & Room Taxes
- _____ Guest Incidental Charges (Phone, Meals, Parking, Internet, etc.)
- _____ Meeting Room, Group Catering, AV Charges, etc.
- _____ Other: _____

I hereby authorize the above named property to charge this credit card for the services listed above. If I have selected sales tax exemption below, I attest that the credit card listed is a University of Louisville card and that the reservation is being made for business purposes.

Cardholder Name: _____
Card Number (List **only** the first and last 4 digits) _____ - X X X X - X X X X - _____
Exp. Date _____ Card Type: _____
Sales Tax Exempt? _____ Yes _____ No
Signature of Cardholder: _____
Cardholder Mailing Address: _____