



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: \_\_\_\_\_