



Kellogg Hotel & Conference Center
at Michigan State University

FRONT/RESERVATION CREDIT CARD AUTHORIZATION FORM - CONFIDENTIAL

<i>Name of Hotel Guest:</i>		
<i>Arrival Date:</i> _____ <i>Departure Date:</i> _____		
<i>Confirmation Number:</i> _____		
<i>Address:</i>		
<i>Phone Number:</i>		
<i>Fax:</i>		
<i>Email:</i>		
<i>This credit card may be used as payment for the following items:</i>		
<input type="checkbox"/> <i>Guestrooms and Taxes</i> <input type="checkbox"/> <i>Food</i> <input type="checkbox"/> <i>Alcohol</i> <input type="checkbox"/> <i>Movies and Internet</i> <input type="checkbox"/> <i>ALL Charges pertaining to this stay</i>		
CREDIT CARD NUMBER BELOW WILL BE CHARGED FOR SERVICES RENDERED. PLEASE FAX THIS COMPLETED FORM TO <u>517-353-1872</u>		
PRINT NAME OF CARD HOLDER:		
AUTHORIZED SIGNATURE:		
<i>Credit Card Type:</i>	<i>Last "4" digits of Credit Card</i>	<i>Expiration Date:</i>
<i>Credit Card or Debit Card(Circle One)</i>		
<i>If Debit Card is used for payment, any NSF charges that are assessed will be the card holder's responsibility.</i>		
<i>Credit Card Number:</i>		