



Kellogg Hotel & Conference Center
at Michigan State University

State Room GIFT CARD

CREDIT CARD Authorization Form - CONFIDENTIAL

<i>Name of Recipient - (Guest receiving State Room Gift Card):</i>		
<i>Address of the Recipient:</i>		
City: _____	State: _____	Zip Code: _____
<i>Special note to be written inside the card:</i> _____		
<i>Name of the individual making request:</i>		
<i>Address of credit card holder:</i>		
<i>Phone Number (Home/Work):</i>	<i>Mobile Phone:</i>	
<i>Fax:</i>		
<i>Email:</i>		
<i>This credit card may be used as payment for the State Room Gift Card request:</i>		
Total Amount Charged \$ _____ to the card.		
CREDIT CARD NUMBER BELOW WILL BE CHARGED FOR SERVICES RENDERED. PLEASE FAX THIS COMPLETED FORM TO: <u>517-353-1872</u>		
<i>PRINT NAME OF CARD HOLDER:</i>		
<i>AUTHORIZED SIGNATURE:</i>		
<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>		