



Kellogg Hotel & Conference Center
at Michigan State University

State Room GENERAL

CREDIT CARD Authorization Form - CONFIDENTIAL

Name of Individual: _____		
Business Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____		Mobile Phone: _____
Special note for the restaurant manager: _____		
Name of the individual making request: _____		
Address of credit card holder: _____		
Phone Number (Home/Work): _____		Mobile Phone: _____
Fax: _____		
Email: _____		
This credit card may be used as payment for the requested services:		
Total Amount Charged \$ _____ to the card.		
CREDIT CARD NUMBER BELOW WILL BE CHARGED FOR SERVICES RENDERED. PLEASE FAX THIS COMPLETED FORM TO: 517-353-1872, ATTN: MARIANNE BACON, STATE ROOM OPERATIONS MANAGER		
PRINT NAME OF CARD HOLDER: _____		
AUTHORIZED SIGNATURE: _____		
Credit Card Type: _____	Last "4" digits of Credit Card _____	Expiration Date: _____
Credit Card or Debit Card (Circle One)		
<i>If Debit Card is used for payment, any NSF charges that are assessed will be the card holder's responsibility.</i>		
Credit Card Number: _____		