

# THE HENSON

Richard A. Henson Hotel and Conference Center

## Credit Card Authorization Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTN: RICHARD A. HENSON CENTER MANAGEMENT**

**Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to check-In, or by specified date in Event Contract, to ensure acceptance of the credit card charged.**

This is to confirm that \_\_\_\_\_ is authorized to use my credit card for payment of their charges while staying at The Henson.

Dates: Arrival \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Type:

- MasterCard
- Visa
- American Express/Optima
- Discover

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I agree to cover the following categories of charges (Please Check):

- All charges (Room Tax & Incidentals)
- Room & Tax Only
- Incidentals Only
- Food & Beverage

I agree to cover the above categories of charges up to a Maximum Amount of \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

The University of Maryland Eastern Shore  
906 Backbone Road  
Princess Anne, MD 21853  
Office (410) 651 – 8100  
Fax (410) 651-7943