



Wisconsin Union Hotel
UNIVERSITY OF WISCONSIN-MADISON

Credit Card Authorization Form

This form has been created in order to allow you to have third-party expenses charged to your credit card and should be submitted on a **per-reservation** basis to ensure prompt processing of your folio. Please provide all the information requested below and sign & date the form before submission. Send completed forms to the Wisconsin Union Hotel via email at hotel@union.wisc.edu or fax at 608.890.4422.

Reservation Information

Guest (or Room Block) Name: _____

Phone Number: _____ Email: _____

Confirmation Number(s): _____

Arrival Date: _____ Departure Date: _____

Relation to cardholder _____ UW Visitor _____ Friend _____ Business Associate _____ Other _____

Company or Department Contact Name: _____ Email: _____

Cardholder Information

Name as it appears on the credit card: _____

Card type: _____ Visa _____ MC _____ AX _____ Discover

Account Number: Last 4 digits: _____ Exp: ____/____
Please call the hotel with the complete credit card number. Do not send CC information via email or fax.

Address: _____
(Credit Card Billing Address)

City, State, + Zip: _____

Phone number: _____ Email: _____

Rate Information and Approved Charges

_____ All Charges _____ Room Charges _____ Tax* _____ Telephone _____ Parking** _____ 2nd Person (+)***

- *Tax-rate is 2.6% // UW rooms are tax exempt
- **\$18.00 per night if room is at UW / GSA rate
- *** +\$20 for second person if at GSA-rate // +\$10 per person above two

I certify that all information is complete and accurate. I hereby authorize the Wisconsin Union Hotel to collect payment for all charges as indicated in the rate information and approved charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. . **If my guest no-shows, per my hotel confirmation, I will be charged for at least a one-night stay.** I certify that I am the authorized signer of the credit card listed above.

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____