

Credit Card Authorization Request

I	$\underline{\hspace{1cm}}$, (as shown on the card) authorize The Golden I	Hote
to use my credit card		
Number	Expiration date	
3 or 4 -digit car	Expiration date identification number:	
Billing address	the credit card:	
To pay the charges of		
Confirmation number		
Arrival date	Departure date or number of nights	
I authorize the follow Room and tax Room, tax an All charges in	only telephone only	
Authorized Signature	Date	
If you need a copy of the below:	bill to be faxed to you upon departure, please enter the numb	er
Fax:	Attention:	
(full length of stay) p	it card will be charged in full for room and tax s an additional \$50 incidental deposit will be authorized. zation can take up to 14 days to be released.	

This credit card will be used for the charges above if an authorization from the bank is approved. One night of room and tax will be charged in the event of a no-show. Reservation must be canceled by 4pm MT. the day prior to arrival and a cancellation number must be obtained.

Frontdesk@thegoldenhotel.com

Fax: 303.279.9353

NOT VALID UNLESS ACCOMPAINIED BY A LEGIBLE COPY OF THE CREDIT CARD NUMBER AS IT APPEARS ON YOUR CREDIT CARD, DRIVERS LICENSE AND SIGNED BY THE CARDHOLDER.