



CREDIT CARD AUTHORIZATION

To: Reservations

Fax: (608) 257-5995

From: _____ Date: _____

Telephone#: _____ Fax#: _____

I, _____, authorize the use of the credit card listed below for (name of person) _____ during the following dates of their stay at Best Western Premier Park Hotel.

Arrival: _____ Departure: _____

Confirmation(s): _____

Please mark the appropriate circle below

Please Charge:

- Room & Parking only (proof of WI tax exemption is **required**)
- Room, tax, parking only
- Room, tax, parking, and incidentals* (maximum incidental charges allowed: _____)

*Incidentals: (not limited to) phone charges, dry cleaning, restaurant/lounge

Your Receipt:

- Email me a copy at email _____
- Fax me a copy at fax# _____
- Mail to the address below.
- I do not need a receipt.

Credit Card Information:

Please Circle One: American Express Visa MasterCard Discover

Last Four Digits of Credit Card #: _____

Expiration Date: _____

Security Code: _____

Name as it appears on the card: _____

Mailing address: _____

Card Holder's Signature: _____ Date: _____

EST.  1871

MADISON'S ONLY
CAPITOL SQUARE HOTEL