



# SNOQUALMIE VALLEY

SCHOOL DISTRICT

## Credit Card Authorization Form For Hotel Reservations and Payment

### Hotel Authorization

The hotel named is authorized to post charges to my credit card for guest(s) listed below. A copy of the credit card (front & back) and copy photo ID are required for authorization

Hotel: \_\_\_\_\_ City, State: \_\_\_\_\_

I hereby authorize the following charges to be applied to my credit card.

Any additional charges are to be billed to the guest  Yes  No

Room  Yes  No Food & Beverage  Yes  No State Tax  Yes  No

Parking  Yes  No Rental/Pay Movie  Yes  No

Phone Calls  Yes  No Guest Laundry  Yes  No

Other: \_\_\_\_\_

### Cardholder information

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

Master Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: **Snoqualmie Valley School District  
8001 Silva Ave SE, PO Box 400  
Snoqualmie, WA 98065**

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Guest Information

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Conference or Group Affiliation: \_\_\_\_\_

Confirmation # \_\_\_\_\_

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

### SNOQUALMIE VALLEY SCHOOL DISTRICT

8001 Silva Avenue S.E. | P.O. Box 400 | Snoqualmie, WA 98065 | (425) 831-8000 | www.svsd410.org