

CREDIT CARD AUTHORIZATION FOR THE GRAND TRAVERSE RESORT & SPA:

Please fill out and mail or fax this form with a copy of the front and back of the credit card to the Grand Traverse Resort. For a printable copy of this form, visit michiganhosa.org.

Grand Traverse Resort and Spa
Fax (231) 534-6670
P.O. Box 404
Acme, MI 49610-0404
(800)748-0303

Contact Information

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Names of Guest(s) or Event: List all guests entitled to use the credit card for payment

Dates of Stay or Event: Specify arrival and departure dates.

Credit Card Charges Authorized: Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Room/Taxes/Resort Fee | <input type="checkbox"/> Local Calls |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Long-distance calls |
| <input type="checkbox"/> Spa | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Golf | <input type="checkbox"/> All charges |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Other Charges: Please specify _____ |

I, _____, authorize The Grand Traverse Resort and Spa to charge my credit card for the charges detailed above. I am faxing a copy of the front and back of the credit card for your records.

Credit Card No. _____ Expiration Date: _____

Signature _____ Date: _____

Printed Name _____ Phone No.: _____