



CREDIT CARD AUTHORIZATION FORM

I, _____ authorize the Ramada West Atlantic City to process the credit card listed below for payment on the following reservation(s):

Guest Name (s): _____

Date(s) of Reservation: _____

Rates (in \$ USD): _____

Number of night(s): _____

Reservation Confirmation #: _____

Credit Card #: _____ Expiration Date: _____

Name On Credit Card: _____

Cardholder's Signature: _____

Cardholder's daytime phone #: _____

Please circle the charges for you wish the above credit card to be charged:

Room & Tax

Long Distance Phone charges/Incidentals

Meeting Room

All Charges

Please attach a legible copy of the front and back of credit card/debit card & copy of government issued photo identification.

Upon completion, please fax to 609-646-2802 or email to frontdesk@ramadaatlanticcity.com