



# WYNDHAM

Virginia Crossings  
Hotel & Conference Center

1000 VIRGINIA CENTER PKWY  
GLEN ALLEN, VIRGINIA 23059  
TEL: (804) 727-1400  
FAX: (804) 727-2332

## CREDIT CARD AUTHORIZATION FORM

Dear Management,

I, the undersigned, authorize the Wyndham Virginia Crossings, to charge my credit card

# \_\_\_\_\_ Exp. Date \_\_\_\_\_ for:

**Please check all that apply:**

- Room & Tax       Function Room Rental
- Incidentals       Function Food & Beverage
- Conference Deposit       Audio Visual/Business Center
- Catering Deposit       Other

Guest/Group Name \_\_\_\_\_ Date of Stay \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Hotel Use:

Estimated Charges \_\_\_\_\_ Approval Code/Date \_\_\_\_\_

Hotel Contact \_\_\_\_\_ Master Account \_\_\_\_\_

Form Updated 140922