



VIRGINIA CROSSINGS HOTEL
& CONFERENCE CENTER

1000 VIRGINIA CENTER PKWY
GLEN ALLEN, VIRGINIA 23059
TEL: (804) 727-1400
FAX: (804) 262-2332

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 _____

**** Please return this form with a photocopy of front and back of the credit card at your earliest convenience.**

Card Holder's Name _____

Address _____

Daytime Telephone # _____

Card Holder's Signature _____

Hotel Use: _____

_____ Estimated Charges

_____ Approval Code/Date

_____ Hotel Contact

_____ Master Account