



RADISSON HOTEL VALLEY FORGE



VALLEY FORGE CASINO
RESORT

MEETING SPACE | GUESTROOM CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

Dear Client,

If you wish to charge the amount of your function to your credit card account, please complete the information requested below and return this authorization form to the following fax number: (610) 768-3295.

CARD HOLDER'S NAME AS IT APPEARS ON CARD: _____

CHARGE TO: MasterCard Visa American Express Discover

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECURITY CODE:

--	--	--

EXPIRATION DATE:

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AMOUNT AUTHORIZED TO CHARGE: _____

TYPE OF CHARGES AUTHORIZED (Circle One): All Charges Meeting Room/F&B Guestroom(s) Deposit Only

SIGNATURE OF CARDHOLDER

DATE OF AUTHORIZATION

EVENT/GUEST NAME: _____

EVENT/ARRIVAL DATE: _____ **EMAIL:** _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FOR INTERNAL USE ONLY

DATE SENT TO ACCOUNTING: _____ DATE PROCESSED: _____

SALES/CATERING MANAGER: _____ PROCESSED BY: _____

1160 First Avenue | King of Prussia, PA 19406 | (610) 354-8118 | VFCasino.com

Gambling Problem? Call 1-800-GAMBLER