

Holiday Inn Northwest Arkansas & Convention Center

1500 South 48th Street Springdale, AR 72762 Phone: (479) 751-8300

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete all cardholder areas below and submit the signed and dated form to the fax number listed below

| Today's Date: | | _ | | | |
|-----------------------------------|---------------------------------|---------------------------------------|---|------------------------------------|--|
| | | | | | |
| ι, | | authorize use o | authorize use of my card for FULL PAYMENT of the following: | | |
| All Charges | ☐ Catering | Guest Room & Tax | □Guest Phone | ☐Guest Movies | |
| **This reservation will be guaran | teed to the credit card provide | d. In the event of a no-show, the cre | ≥dit card will be charged acco | ording to the cancellation policy. | |
| Guest or Group Name: | | | | | |
| Arrival Date: | | | | Management of the second | |
| Departure Date: | | | | | |
| Confirmation Numbers: | 1. | 2. | 3. | 4. | |
| | 5. | 6. | 7. | 8, | |
| | | | | | |
| Credit Card Number: | | | | | |
| Expiration Date: | | | | <u> </u> | |
| Name on Card; | | 1.0.101.0.1 | | | |
| Billing Address: | | | | | |
| Contact Number: | | | | • | |
| Cardholder Signature: | | | | | |

Fax completed form to: (479) 872-5981 Attention: Tiffany Stychalski Or you may email: tiffany.stychalski@atriumhospitality.com