ALA MOANA HOTEL
Rental Program

ALA MOANA HOTEL – CREDIT CARD AUTHORIZATION FORM

In order to protect both you (Unit Owner) and the hotel, we require that you provide us with written, signed authorization to make charges to your credit card in your name.

****CREDIT CARD WILL BE PROCESSED UPON RECIEPT****

Please complete this form and fax to (808) 944-6898, or mail to:

Ala Moana Hotel, Attn: Owner Relations Dept., 410 Atkinson Drive, Honolulu, Hawaii 96814

Owner's Name: _____ Unit Number: _____

Private rental ☐

Name of Owner's Guest(s): _____

Arrival Date: _____ Departure Date: _____

I authorize the following to be charged to my credit card (check all applicable):

☐ Mandatory Fees
☐ Cleaning Fees
☐ Incidentals (phone, in-room movies, meals, etc.)
☐ Other _____
Amount $ _____

Card Holder's Name (as it appears on credit card): _____
(Please print legibly)

Type of Credit Card: ☐Visa ☐MasterCard ☐Amex ☐Discovers ☐Diners ☐JCB
(check one)

Credit Card Number

		/		

Expiration Date

Card Number: _____ Expiration Date: _____

Billing Address: _____
(Receipt of billing will be mailed to this address)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____ Email: _____
(Required) (optional)

In lieu of my credit card imprint, I, the undersigned, hereby authorize "Ala Moana Hotel" to charge my credit card as I have indicated above. In the event this credit card should be declined, I accept full responsibility of such charges and will submit alternate form of payment by way of cash, money order or cashier's check within 24 hours.

Card Holder's Signature: _____ Date: _____

Comments: _____

_____

Reminder: Signature of card holder required. MAHALO.

5.19.2009 / CAV

Hotel Use Only: Date Charged _____ Amount Charged _____ Approval Code_____ Initials_____