



PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Date: _____

TO: ARAMARK, Chauncey Hotel and Conference Center
Fax: 609-683-4958

Card Holder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx

Credit card Number: _____

Expiration Date: _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to credit card provided herein. I agree that I will pay for:

- a) Room & tax Only _____
- b) All Charges _____
- c) Incidentals Only _____

For the guest: _____

Staying at Chauncey From: _____ to _____

Cardholder- Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

*** Please include a legible photocopy of the front and back of the credit Card**