



# 'A LOH I L A N I R E S O R T

WAIKĪKĪ BEACH

2490 Kalakaua Avenue, Honolulu, Hawaii 96815

## Credit Card Authorization Form

Please fax back to Irene Park at 808.922.2566

This form is to be used as an authorization of payment by the physical cardholder for charges made for the guest/function below. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to the 'Alohilani Resort Waikiki Beach, Attn: Irene Park, Sales Department (808) 922-2566.

### Guest Information

Guest Name: \_\_\_\_\_ Reservation/Confirmation # 2002JSCONF  
Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

### Cardholder Information

Name as it appears on the credit card: \_\_\_\_\_

Card Type: ☐ American Express ☐ Diners Club ☐ Discover ☐ Master Card ☐ Visa

Account Type: ☐ Individual (personal credit card)

☐ Corporate Company Name: \_\_\_\_\_

(If you are unable to fax this form, please only provide the last 4 digits of the credit card. Upon receipt, the Accounting Dept will call you for the complete card details.)

Account Number: 

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 Exp. Date: \_\_\_\_\_

Group Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cardholder Name: (Printed) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_