



Snoqualmie Valley

School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
 Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svds410.org

Credit Card Authorization Form For Hotel Reservations and Payment

Hotel Authorization
 The hotel named is authorized to post charges to my credit card for guest(s) listed below. A copy of the credit card (front & back) and copy photo ID are required for authorization

Hotel: _____ City, State: _____

I hereby authorize the following charges to be applied to my credit card.

Any additional charges are to be billed to the guest	Yes	No	Food & Beverage	Yes	No	State Tax	Yes	No
Room	Yes	No	Food & Beverage	Yes	No	State Tax	Yes	No
Parking	Yes	No	Rental/Pay Movie	Yes	No			
Phone Calls	Yes	No	Guest Laundry	Yes	No			

Other: _____

Cardholder information

Name on Card: _____

Master Credit Card # _____ Expiration: _____

Billing Address: **Snoqualmie Valley School District**
8001 Silva Ave SE, PO Box 400
Snoqualmie, WA 98065

Phone: _____ Fax: _____

Email: _____

Guest Information

Guest Name: _____

Guest Name: _____

Guest Name: _____

Guest Name: _____

Conference or Group Affiliation: _____

Confirmation # _____

Date of Arrival _____ Date of Departure _____

 Cardholder Signature

 Date

 Administrator Signature

 Date