



GOLDBELT
HOTEL JUNEAU

Third Party Authorization Form

ATTN: _____

Faxing Date: _____ Goldbelt Hotel Juneau Fax: (907) 463-3567

To Goldbelt Hotel Juneau,

I _____, authorize the use of my credit card for

Guest First Name: _____ Last Name: _____

Reservation Number: _____

Arrival Date: _____

Departure Date: _____

My credit card information is as follows:

American Express Visa Mastercard Discovery Dinners Club

CC# _____ - _____ - _____ - _____ EXP _____ / _____

To be charge for room and tax in the amount of \$ _____

To be charge for incidentals, please specify the incidentals:

Card holder signature as shown on the card: _____

Card holder mailing address: _____

Card holder phone number: (____) _____ - _____ Fax (____) _____ - _____

*Note *** Please provide us the copies of the card holder's driver license or other picture identification card and credit card (Front only). These copies must be faxed over or sent with this letter.*