



Radisson New Orleans Airport

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Authorization to charge Credit Card/Debit Card or Direct Bill Account

By signing this form, I am authorizing Radisson Hotel New Orleans Airport to charge my credit card account for services selected below. I acknowledge and fully understood that the payment made by this authorization may be non-refundable and I also agree the cancellation and change policies of this hotel. In case of no show; full amount will be charged to my account. I agree that I will not wave my liability for any of these charges.

Name of the guest	Arrival Date	Departure Date	Confirmation Number

Please select the services: Deposit: Room &Tax: Food & Beverages: All Charges:

My Credit Card Account: VISA Master Card Discover American Express

Credit Card No. _____ Exp. Date: _____

Name of Card Holder: _____

Billing Address: _____

Special Note: _____

Note: You must fax or email this form along with the legible copy of front and back of credit card and the copy of the account holder's driver license.

Signature of Account Holder: _____ Date Signed: _____

For Hotel Use Only: Entered _____ Approval # _____ Agent _____ Date _____
