



CREDIT CARD AUTHORIZATION FORM

PLEASE FAX THIS FORM BACK TO THE ATTENTION OF:

Patricia Koeller
Credit Manager
Fairmont Scottsdale Princess
7575 E. Princess Drive
Scottsdale, AZ 85255-5802

VIA FAX: (480) 585-0086

Dear Ms. Koeller:

Please post to my credit card:

	Account Number	Expiration Date
American Express	_____	_____
MasterCard	_____	_____
Visa	_____	_____
Diners Club	_____	_____
Discover	_____	_____
Other: _____	_____	_____

the amount of \$ _____ for my _____ program (be sure to include date of program).

Any disputes will be handled directly with the *Fairmont Scottsdale Princess* and not as a dispute through the credit card company.

(This form must be accompanied by a legible copy of the front and back of the signed credit card.)

Print Name as it appears on credit card

Group Name

Street Address

Group Number

City State Zip Code

Telephone Fax

Signature

Date

(Must be individual authorized to sign account)