



653 Illinois Avenue
Green Lake, WI 54941
Phone: (920) 807-0300

CREDIT CARD BILLING AUTHORIZATION

The Heidel House Hotel & Conference Center is PCI Compliant; therefore, we are no longer able to accept complete credit card numbers in written form. Please complete this form in full, but list only the last four digits of your credit card number. **Once this form is completed, a representative from the Heidel House Hotel & Conference Center will call you to complete this transaction.** This form authorizes the Heidel House Hotel & Conference Center to guarantee and/or charge all charges incurred by the undersigned individual or group for the indicated stay or function to the credit card information listed below.

Company/Authorizing Party: _____
(Individual or Group Responsible for Payment)

Group/Function Name: _____

Title/Department: _____

Billing Address: _____

Phone: _____ Email: _____

Dates of Stay/Function: Check/In _____ Check/Out _____

Note: If providing a rooming list you do not need to fill out the names of the guest's nor confirmation numbers.

NAME OF GUESTS(S)

CONFIRMATION NUMBER(S)

CHARGE THE FOLLOWING ITEMS TO THE CREDIT CARD BELOW:

- | | | | |
|-------------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Meals | <input type="checkbox"/> Banquet Charges | <input type="checkbox"/> Guarantee Only |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Movie | <input type="checkbox"/> All Incidentals | <input type="checkbox"/> All Charges |

METHOD OF PAYMENT:

- ☐ American Express ☐ Visa ☐ MasterCard ☐ Diner's Club ☐ Discover

Account Number: XXXX-XXXX-XXXX- (please fill in the last 4 numbers) _____

Expiration Date: Month _____ Year _____

Cardholder's Name: (if different) _____

Cardholder's Signature: _____

(Required to Process)