



Credit Card Authorization Form

I, _____, hereby authorize Cheyenne Mountain Resort to bill my credit card as described below. For proof of identification, I have attached a copy of a picture ID, with a signature, as well as a copy of the front and back of the credit card.

Guest Name: _____
Guest Group Name: _____
Guest Arrival Date: _____
Guest Departure Date: _____

Billing Address: _____
City, State, Zip Code: _____
Phone: _____
Fax: _____
Email: _____

Amount: \$ _____
...Or Charges Covered: Room, Tax and Resort Fee
 Other _____
Send Receipt: Yes No

Issuing Company: _____
Card Holder Name: _____
Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____

Name As It Appears On The Card, Please Print

Card Holder Signature

Today's Date

Please Submit To
Cheyenne Mountain Resort
3225 Broadmoor Valley Road
Colorado Springs, Colorado 80906
719-538-4000 • Fax 719-576-4186