



3400 Market Street Riverside, California 92501 USA  
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[www.riversidemarriot.com](http://www.riversidemarriot.com)

**Cardholder Information**

Name as it appears on the card: \_\_\_\_\_

Card type:         Visa    MC    Amex    Diners/CB    Discover    JCB

Account type:     Individual (personal credit card)

Corporate | Company Name: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Address (where statement is mailed): \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax / Alternate number: \_\_\_\_\_

**Guests Information**

Name of Guest(s): \_\_\_\_\_

Organization Name: \_\_\_\_\_

(If applicable)

Phone Number: \_\_\_\_\_ Fax / Alternate number: \_\_\_\_\_

Arriving on: \_\_\_\_\_ Departing on: \_\_\_\_\_

**Authorized charges included on this account are (check one only)**

- 1. \_\_\_\_\_ Room and Tax Only
- 2. \_\_\_\_\_ Room, Tax and Parking Only
- 3. \_\_\_\_\_ Room, Tax, Parking and Incidental Charges (All Charges)
- 4. \_\_\_\_\_ Other: (Please specify) \_\_\_\_\_

For your own personal security and for our verification purposes we require a photocopy of a valid driver's license of the card holder faxed along with this form.

I certify that all information is complete and accurate. I hereby authorize MARRIOTT RIVERSIDE HOTEL to collect payment for all authorized charges associated with this guest(s) by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed form attention to Amy Gonzalez at (951-781-3722)**