



FOUR SEASONS RESORT AND CLUB
Dallas at Las Colinas

Hotel Credit Card Agreement Form

I hereby authorize the Four Seasons Resort and Club to charge my credit card for the purchases stated below. I agree that any disputes will be resolved no later than ten days from the date of purchase.

PHONE: 972-717- 0700

Address: 4150 N. MacArthur Blvd. Irving, TX 75038

To be completed by Client

Guest or Group Name _____ Function Date or Arrival Date _____

Type of Credit Card _____ Credit Card Number _____

Expiration Date _____ Security Code (3-4 digit code on the back) _____

Name on Card _____ Cardholder's Signature _____

Credit card Account – Billing Address: _____

City: _____ State: _____ Zip: _____

Please indicate what you would like to pay for:

_____ All Charges (Total amount to be determined upon guest departure)

_____ Room & 13% Tax Only – in the amount of \$ _____

_____ Other / Miscellaneous – please explain below:

Total Amount to be billed to my credit card: \$ _____

I would like my receipt (choose one) : _____ US Mail _____ Emailed _____ Faxed

Phone # : _____ Fax # : _____ Email : _____

Hotel Use Only

Agent: _____ Today's Date: _____

Completed: _____ Accounting Comments: _____