



CREDIT CARD AUTHORIZATION FORM

I am authorizing the Wyndham Grand Pittsburgh to charge the credit card below for the
Please complete this form and send back with your completed order forms. Please ensure that this form

Guest/Group Name: _____

____ All charges ____ Room & tax ____ Food ____ Beverage ____ Loading ____ Phone ____ AV

Arrival Date: _____ Departure Date: _____
(Please attach a list if for more than one person)

____ Banquet charges
(Includes food, beverage, meeting room rental, audio-visual and telephone lines, loading dock,

____ Payment for the following: **Room Attrition or Cancellation Damages**
-Hotel will apply charges to this credit card only if one of the above terms apply.

By signing below, I am authorizing the Wyndham Grand Pittsburgh to charge this credit card for the

AMEX/VISA/MC/DC/DISC/CB Card # _____ Exp. Date _____

Print Name _____ Signature _____
As It Appears on the Card

Billing Address: _____
City: ____ State: _____ Zip Code: _____

****Please attach a copy of the front and back of the credit card listed above and driver's license**
Without this information we are unable to process the charges.

Thank You for choosing the Wyndham Grand Pittsburgh

600 Commonwealth Place, Pittsburgh, PA 15222

