Penn State Hospitality Services

CREDIT CARD AUTHORIZATION FORM For Room Reservations

Date:	_	Attention:		
This is to confirm that my credit card for payment v separate sheet listing each na	vhile staying	-		
Authorized charges: (Circle	e One) Roo	m/Tax Only	Room/Tax & Meals	All Charges
Hotel Name:				
Confirmation Number(s):				
Arrival Date:	Date: Departure Date:			
Credit Card Number:				
CVC/CVV Code:	Exp. Da	ate:	Billing Zip Code: _	
Cardholder's Name:				
Cardholder's Phone Numb				
Cardholder's Fax Number				
Is this University P-Card?	☐ Yes			
By signing below, I authorize stay of the above guest(s). I account.	v		v	
Cardholder's Signature: _				
The Nittony I ion	T		The Down States I	Total

The Nittany Lion Inn

200 W. Park Ave. State College, PA 16803 Phone: (814) 865-8500

FAX: (814) 865-8501

The Penn Stater Hotel

215 Innovation Blvd. State College, PA 16803 Phone: (814) 863-5000

FAX: (814) 863-5002

*For Security reasons, the completed form should be FAXED not e-mailed.

ROOM RESERVATIONS: 1-800-233-7505 www.pennstatehotels.com