

**DEADLINE: Submit ONLINE by DECEMBER 5**



**CREDIT CARD AUTHORIZATION FORM**

<b>Individual/Business/Group Name:</b>	
<b>Arrival or Event Date (if applicable):</b>	
<b>Credit Card Billing Address:</b>	
<b>City / State / Zip:</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email Address:</b>	

I hereby authorize the following charges to be applied to the following credit card. Check all that apply:

- Guest Room(s) & Tax     Food & Beverage     Spa Services     Country Club  
 Guest Room Incidentals     HSY Destination Services     Other (list in comments)

<b>Comments:</b>	
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I hereby authorize the following amount be applied to the following credit card (applicable sales tax and service charges may apply):

\$ \_\_\_\_\_

Credit Card Type:  Visa     MasterCard     American Express     Discover

<b>Credit Card Number:</b>	
<b>Name on Card:</b>	
<b>Expiration Date:</b>	
<b>Cardholder Phone #:</b>	
<b>Cardholder Signature:</b>	

**UPLOAD THIS FORM, ALONG WITH THE 03-HOTEL RESERVATION FORM, TO GOOGLE FORMS AS PART OF THE "2021 PA STATE FAIR QUEEN CONTEST APPLICATION"**

*All information is kept confidential and used only for the purposes noted above.*