



Third Party Credit Card Authorization Form

Date: _____

This is to confirm that I, _____ authorize the Fairfield Inn & Suites by Marriott Pittsburgh North / McCandless to use my credit card for the charges specified below:

_____ Room & Tax _____ Room, Tax & Incidentals

Credit Card Number: _____

Exp. Date: _____

Name as Shown on Card:

Billing Address:

Phone Number: _____

E-mail: _____

Name of Company: _____

Card Holders Printed Name: _____

Card Holders Signature: _____

Date: _____

Please fax this authorization to the Fairfield by Marriott Pittsburgh North McCandless (412) 227-9601

Include a copy of the front and back of credit card and photo ID.

If you have any questions please call (412) 227-9600