



2100 Killebrew Drive, Bloomington, MN 55425

Protecting customer information and data is important to us. Please be advised that we no longer accept complete credit card numbers in written form. Complete this form listing only the last four digits of your credit card number. Please email the signed form to your Sales/Catering Manager with your signed contract. A member of our Accounting Team will call you to complete this process.

Date: _____

I authorize the Radisson Blu MOA to charge my credit card according to the details below. I guarantee full payment of the account as described.

Name of Guest/Group: _____

Function/Arrival Date: _____

Departure Date: _____

Confirmation Number/Group ID# _____

Credit Card Type: _____

Expiration Date: _____

Last 4 digits of the credit card number:

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Reminder: Please provide remaining credit card number to the hotel personnel listed above.

Cardholder Name (Please Print): _____

Company Name: _____

Cardholder Signature: _____

Cardholder Billing Address: _____

Cardholder Phone Number: _____

Cardholder E-mail Address: _____

☐

All Charges

☐

Room and Tax Only

☐

Food and Beverage

Authorized Amount: _____

Other Billing Instructions: _____