



PRESTIGE CLUB

## Credit/Debit Card Authorization Form

Please complete the form and return via facsimile

Ambiance 847.455.4074

Aura 708.272.6270

You MUST include a photocopy of the front and back of your credit/debit card and the front of your driver's license or state identification card.

### Reservation Information

Last Name/Ambiance Club Number as shown on Reservation: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Arrival/Check-in Time: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Room Type: \_\_\_\_\_

First Night's Room & Tax Charges: \$ \_\_\_\_\_

Package Number \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Total Credit Card Charge \$ \_\_\_\_\_

### Name and Billing Address for the Credit/Debit Card

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

My signature below authorizes the Ambiance or Aura to charge my credit/debit card for the total charges for the hotel stay described above. I understand that this deposit is non-refundable and that if the reservation is cancelled for any reason, I will not be entitled to a refund.

X: \_\_\_\_\_ Date: \_\_\_\_\_

**You MUST provide a photo copy of the front and back of the credit/debit card as well as a photocopy of the front of your Driver's License or State Identification Card**

**AMBIANCE**  
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**AURA**  
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