

# **CREDIT CARD AUTHORIZATION FORM**

**Bellissimo Grande Hotel  
411 Norwich Westerly Rd.  
North Stonington, CT 06359  
1-877-700-0079 or 860-535-9924  
[www.BellissimoGrande.com](http://www.BellissimoGrande.com)**

**QUESTIONS PLEASE EMAIL RESERVATION@BELLISSIMOGRANDE.COM**

I, the undersigned agree to pay for the following charges and I have supplied the Bellissimo Grande Hotel with the following credit card for this purpose. I understand that I am responsible for and will pay all charges listed below:

**GUEST NAME(S)                      DATE OF ARRIVAL                      DATE OF DEPARTURE**

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**CONFIRMATION NUMBER** \_\_\_\_\_

## **FOOD AND BEVERAGE REQUESTS**

**EXAMPLES (TUSCANY DELIGHT, TUSCANY HARVEST, DINNER PACKAGE FOR 2, OR BREAKFAST FOR 2) SEE SPECIAL OCCASIONS MENU FOR MORE SELECTIONS OR ASK A RESERVATION AGENT FOR DETAILS**

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## **AUTHORIZED CHARGES TO BILL**

**(CIRCLE ONE): ROOM & TAX / ROOM TAX & INCIDENTALS**

CARDHOLDER: \_\_\_\_\_ TEL #: \_\_\_\_\_  
(AS IT APPEARS ON THE CARD)

**PLEASE CIRCLE THE TYPE OF CREDIT CARD: VISA/ MC/ AMEX / DISCOVER**

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
(IMPRINT IF ARRANGEMENTS MADE IN PERSON)

A legible copy of the front and back of the credit card along with a copy of the cardholder's driver's license must be faxed or mailed to the hotel prior to the guest's arrival to authorize these charges.

**AGREED** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(CARDHOLDER'S SIGNATURE)

**Please Fax back to 860-535-8037**

