



WYNDHAM

VIRGINIA CROSSINGS HOTEL & CONFERENCE CENTER

The following procedure is in place for payment by school check or credit card to the Wyndham Virginia Crossings:

- Check payments are acceptable and should arrive 2 weeks prior to the arrival date.
- Billing instructions should accompany the check, indicating the guests name, group name, if applicable, arrival & departure date and what the check should cover. i.e. room/tax, meals etc.
- Room/Tax can also be paid for by a company credit card. A completed credit card authorization form would need to be completed and returned prior to a guest's arrival. (Please see form below).
- In the event that a check is hand delivered by the guest and presented at the time of check in, a credit card would still need to be provided, as an authorization for the full amounts room/tax would be required until the check is processed and cleared.
- If a check is received for payment of room/tax and tax only, the guest would still be required to provide a credit card or deposit, at the time of check in to cover any potential incidentals
- Checks are to be made: Wyndham Virginia Crossings and mailed to Wyndham Virginia Crossings, Attn: Accounting Dept., 1000 Virginia Center Parkway, Glen Allen, VA 23059



WYNDHAM
 VIRGINIA CROSSINGS HOTEL
 & CONFERENCE CENTER

1000 VIRGINIA CENTER PKWY
GLEN ALLEN VA. 23059
TEL. (804) 727-1400
FAX (804) 727-1431

CREDIT CARD AUTHORIZATION FORM

Dear Management,

I, the undersigned, authorize the Wyndham Virginia Crossings, to charge my credit card

_____ Exp. Date _____ for:

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Function Room Rental |
| <input type="checkbox"/> Incidentals | <input type="checkbox"/> Function Food & Beverage |
| <input type="checkbox"/> Conference Deposit | <input type="checkbox"/> Audio Visual/Business Center |
| <input type="checkbox"/> Catering Deposit | <input type="checkbox"/> Other |

Guest/Group Name _____ Date of Stay _____

Please return this form with a photocopy of front and back of the credit card at your earliest convenience.

Card Holder's Name _____

Address _____

Daytime Telephone # _____

Card Holder's Signature _____

Hotel Use

 Estimated Charges

 Approval Code/Date

 Resort Contact

 Master Account