aloft HOTELS

Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card.

Click here to open Marriott Privacy Center

Guest Information

Confirmation Number: 74832527 Arrival Date: (MM/DD/YYYY) 09/22/2026 Departure Date: 09/27/2026

Guest First Name: Brad Last Name: France

Company Name:

Phone Number: 225-362-5092

Address: PO Box 94125

City, State, Zip: Baton Rouge, La 70804

Relation to Cardholder: *(if applicable)* ☐ Relative ☐ Friend ☑ Business Associate ☐ Other:

Rate Information and Approved Charges:

☐ All Charges ☐ Room & Tax ☐ Telephone ☐ Food & Beverage ☐ Amenity

☐ Room Service ☐ Valety/Laundry ☐ Parking ☐ HS Internet Access ☐ Movies

☐ Resort Fee ☐ Event/Catering/Banquet Charges

Other:

Currency type: Visa

Charges must not exceed _____ for the entire stay/event

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: 5

Comments/Special Requests:

Payment Information:

Payment information collected on next step

Cardholder Phone Number: 225-362-5092

Acceptance and eSignature:

✔ I *authorize the hotel mentioned above to charge payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.*

Cardholder Signature: Sherry Arnold Date: 07/28/2026

ashley.simmons@sos.la.gov

Doc ID: 20260728095013104
Sertifi Electronic Signature