



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: _____ Arrival Date: _____ Departure Date: _____
(MM/DD/YYYY)

Guest First Name: _____ Last Name: _____

Company Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Relation to Cardholder: _____
(if applicable) Relative Friend Business Associate Other: _____

Rate Information and Approved Charges:

Other: _____

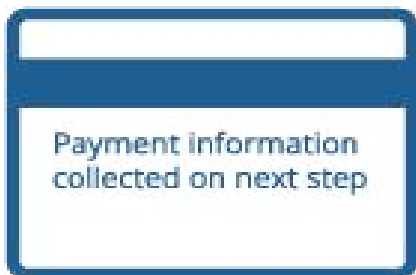
Currency type: _____

Charges must not exceed _____ for the entire stay/event

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

Comments/Special Requests:

Payment Information:



Cardholder Phone Number: _____

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
ashley.simmons@sos.la.gov

Date: 07/28/2026