



CANCELLATION FEE FORM

I, _____, hereby authorize RIOT Hospitality Group, to charge 50 Percent of my total bill for a Booking/Staffing Fee for the reservation on _____ at _____ with the payment information below. This fee shall only be applied if I fail to give notice at least 48 hours prior to my reservation of a cancellation.

I have read and understand the terms above:

Signature: _____

AMERICAN EXPRESS / VISA / MasterCard

Credit Card Number: _____

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Telephone: (____) _____ - _____

Fax: (____) _____ - _____ (a fax number or email is required)

Email: _____

Cardholder's Signature

Date Signed

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.

RIOT Hospitality Group will keep all information entered on this form strictly confidential.