



JW MARRIOTT.
DESERT RIDGE
RESORT & SPA

Delivered By: _____

In-Room Dining Amenity Form

Please fill out and fax back to **480-293-3742** or email to **phxdr.room.service@marriott.com** as an attachment.
You will receive a phone confirmation within 24 hours of submission.

Room Number: _____

*Name of Guest: _____ *Sender's Name: _____

*Sender's Email: _____ *Sender's Phone: _____

*Billing Options: American Express MasterCard Visa

*Order Date: _____ *Delivery Date: _____ *Delivery Time: _____ A.M. P.M.

*Card to Read: _____

Full Bottle House Wine: \$32 Romance the Night Away \$48
 *Select One: None

Full Bottle "Upgraded" Wine: * Upgrade to Champagne \$TBD
 *Select One: None *Price Range? None * 4 Chocolate Strawberries \$10

Inscription:

Cheese 101 \$17 Savor Southwest \$9
 *Add Wine Pairing: (Select One:None) \$TBD *Add Two Bottles of Mexican Beer \$14
 * Add Sliced Fruit \$6

Seasonal Whole Fruits \$13 Welcome to Arizona \$21

Sugar Rush \$18 JW Signature Truffles \$12

JW LIFESM (Full Portion) \$40 Sweet Dreams \$14

JW LIFESM (Half Portion) \$20 Chocolate Celebration \$13

Goose It Up \$35 Läderach Chocolatier \$50
(Large Qty Requires Advance Order)

Margarita Madness \$40

Snack Break \$26 Voss (Select Amount:None) \$4

Pellegrino (Select Amount:None) \$4

◆ For any special requests or further assistance, please contact in-room dining at 480-293-3750.

* Must be completely filled out.



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Credit Card Authorization Form

This form has been created in order to allow you to have expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **IN-ROOM DINING/JW MARRIOTT DESERT RIDGE RESORT & SPA at 480-293-3742.**

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address:
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Approved Charges

All Charges Restaurant Room Service

Other: _____

I certify that all information is complete and accurate. I hereby authorize {**JW MARRIOTT DESERT RIDGE RESORT & SPA** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I certify that I am the authorized signer of the credit card listed above.

CANCELLATION: Should you need to cancel, please contact our In-Room Dining Operator at 480-293-3750.

Cardholder name:
(Printed) _____

Cardholder signature: _____ Date: _____