



**CREDIT CARD AUTHORIZATION FORM**

CLIENT/EVENT NAME: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_

I, \_\_\_\_\_ (name as shown on credit card) hereby authorize «property\_name» to charge my credit card for the following:

ADVANCE DEPOSIT (in the amount of): \$\_\_\_\_\_ Yes \_\_\_ No

ALL BANQUET RELATED CHARGES: Yes \_\_\_ No

GUEST ROOM CHARGES (outlined below): Yes \_\_\_ No

Room & Tax Only ( ) Room, Tax & Incidentals Charges ( ) Room & Tax Guarantee Only (Guest on Own) ( )

If not by Credit Card – Method of Payment for Event: CHECK (14 Business Days Prior): \_\_\_\_\_ DIRECT BILL (See Below): \_\_\_\_\_  
*Note: To obtain Direct Billing privileges an application must be complete and approved 60 days prior to event.*

The Credit Card will be used as back-up for any company checks that may be used to settle charges at the conclusion of the event. The Credit Card will be charged in the event that the approved Direct Bill Account is over 30 days past due (See Contract Terms).

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Hilton Honors #: \_\_\_\_\_

PROVIDE FINAL INVOICE VIA EMAIL (Address): \_\_\_\_\_ FAX (Number): \_\_\_\_\_

By signing below, I acknowledge the charges as outlined.

\_\_\_\_\_  
 (Cardholder Signature) (Date)

*Please note event overnight guest charges to the group master folio. Additional guest lists may be attached if required...*

NAME	ROOM & TAX	INCIDENTALS	ARRIVAL DATE	DEPARTURE DATE

**➔➔ Please complete all information outlined; sign and return along with a copy of the Credit Card (front & back) & a copy of the Cardholder's Driver's License. Please fax to 407-830-9378. Thank you!**