



CROWNE PLAZA®

HOTELS & RESORTS

6121 N. IH-35 Austin, TX 78752
Phone: 512-323-5466 Fax: 512-371-5257
Email: reservations@cphaustin.com

CREDIT CARD AUTHORIZATION FORM

Date: _____

Crowne Plaza Credit Manager:

I hereby authorize Crowne Plaza Hotel Austin to charge the credit card given herein for full payment and any otherwise unsettled charges. I also agree to submit a copy of the cardholder's photo ID, along with this authorization.

GUEST INFORMATION:

Guest Name: _____

Arrival Date: _____ Confirmation #: _____

CREDIT CARD / CARDHOLDER INFORMATION: (All Information is Confidential)

Credit Card Type (Select Card Type):

MasterCard ☐ Visa ☐ American Express ☐ Discover ☐

Credit Card #: _____ Exp: _____

Security Code: _____ (Required)

Charges Authorized: (Initial Charges)

Room & Tax Only: _____ All Charges: _____

Cardholder Name (printed): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Cardholder Signature: _____

COMPLETED FORM MUST BE SUBMITTED WITH CARDHOLDER'S PHOTO ID TO BE PROCESSED
Fax to: 512-371-5257 or Email: reservations@cphaustin.com

Office Use Only: Received By: _____ Address Verified: ☐ OR Mgmt. Approval: _____