

Remington Hotels Co
CREDIT CARD BILLING AUTHORIZATION

HOTEL NAME: _____ HOTEL PHONE #: _____

HOTEL ADDRESS: _____ HOTEL FAX #: _____

CARDHOLDER NAME: _____ PHONE #: _____

CARDHOLDER ADDRESS: _____ FAX #: _____

TYPE OF CREDIT CARD (circle one)

AMERICAN EXPRESS

JCB

DISCOVER CARD

MASTERCARD

VISA

CARD NUMBER: _____ EXPIRATION DATE: _____

TERMS AND CONDITIONS

The Cardholder agrees by their signature below that all charges incurred by the Cardholder at the above named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides alternated form of payment prior to departure from the Hotel. Cardholder understands that the Hotel will obtain prior approval from the credit card company for the estimated amount of the Cardholder's charges. Cardholder further understands that this Authorization is subject to approval by the Hotel's Controller and/or General Manager. If, for any reason, this authorization is not approved by the aforementioned Hotel representative, the Cardholder agrees to provide the Hotel with an Advance Deposit for the full amount of the estimated charges as determined by the Hotel. Such Advance Deposit will be made in one of the acceptable methods prescribed by the Hotel.

CARDHOLDER SIGNATURE: _____ DATE: _____

Photocopy of Credit Card (front and back)

Please select charges you wished to bill

All Room & tax catering/banquet function

Other _____ deposit amount _____

_____ Room/tax & parking

_____ Guarantee for attrition/cancellation

GUEST/GROUP NAME: _____

EST. AMOUNT: _____

ARRIVAL/FUNCTION DATE: _____

AUTH. DATE: _____

DEPARTURE DATE: _____

AUTH. AMT.: _____

RESERVATION/BOOKING #: _____

APPROVAL #: _____

HOTEL APPROVAL: _____

(signature)

TITLE: _____

EXHIBIT #1