

Hotel Indigo Austin Downtown
810 Street, Austin, Texas 78701
512-481-1000

Due to an increase in credit card fraud and for protection of the cardholder, we recommend this authorization be sent to our secured facsimile number listed below. This form must be completed in its entirety. Failure to complete any of the following sections will result in non-approval.

Thank you for your Business!

Please note that the card listed below will be authorized for your contracted revenue 10 days prior to your event/check-in date.

Credit Card Billing Information As It Appears on Your Account:

NAME: _____ **COMPANY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CARD TYPE: _____ **CARD #:** _____ **EXPIRATION:** _____

PHONE: _____ **FAX:** _____ **EVENT/CHECK-IN DATE:** _____

NAME OF FUNCTION/EVENT/GROUP OR INDIVIDUAL THIS FORM IS AUTHORIZING:

CHARGES PERMITTED TO BE BILLED TO CREDIT CARD:

ALL **ROOM & TAX ONLY** (Individual pays own incidental charges) **ROOM & TAX & INCIDENTALS**

FUNCTION CHARGES: (PLEASE SPECIFY)

NAME OF PERSON/S AUTHORIZED TO MAKE CHANGES TO THE FUNCTION/EVENT/GROUP NAMED ABOVE W/ARR. DATES:

1. _____ 2. _____

3. _____ 4. _____

SIGNATURE OF GUARANTEE:

I authorize the Hotel Indigo Austin Downtown to charge the credit card as indicated above and any outstanding balance not covered by my advance payment, in the event that charges are not completely settled upon conclusion. It is understood that the Cardholder is bound by the terms and conditions listed herein.

NAME (PLEASE PRINT) _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SECURED FACIMILE#

CONFIRMATION OF RECEIPT#