



CREDIT CARD AUTHORIZATION FORM

**200 San Jacinto
Austin, Texas 78701
Phone 512-472-1500
Fax 512-472-8900**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

FAX OR EMAIL FORM TO: 512-472-8900 or email: karen.parker2@hilton.com

ATTN: _____

Date: _____

Guest / Group Name:		
Check-In / Event Date:	Confirmation / Event Number:	
Name of Person Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Credit Card Billing Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	
Credit Card Number:	Expiration Date:	
Credit Card Type: (Circle one):	Discover	JCB
	Amex	Diners Club
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle): All Charges :Room & Tax : Room Service: Valet Parking : Telephone : Suite Shop : Dry Cleaning		
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		

Note: Charges for room/tax or group deposits will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

By signing below, you authorize the hotel to charge your credit card up to the "Maximum Amount" indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____