



**HOTEL & SUITES AUSTIN  
CREDIT CARD AUTHORIZATION FORM**

Please complete and return to the hotel prior to the guest's arrival:

NAME OF GUEST(S): \_\_\_\_\_

CONFIRMATION #: \_\_\_\_\_

DATE OF ARRIVAL: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_

***\*PLEASE INDICATE WHICH CHARGES ARE TO BE BILLED TO THE CARD:***

ROOM & TAX ONLY \_\_\_\_\_

SXSW REQUIRED DEPOSIT \_\_\_\_\_

OTHER (please specify):

FOOD/BEVERAGE \_\_\_\_\_

SELF PARKING \_\_\_\_\_ VALET PARKING \_\_\_\_\_

ALL CHARGES \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_

**FAX: 512-473-1502 ATT: RESERVATIONS**

**EMAIL: [sales@radissonaustin.com](mailto:sales@radissonaustin.com)**