



Credit Card Third Party Agreement Form

For all third party credit card requests, the credit card will be charged upon receipt of the agreement form. For all same day requests, the cardholder must be present. For Security reasons, we only accept a faxed form with a copy of the credit card and photo ID. Please fax the form and the supporting documents to (512)478 3117

I hereby authorize the Four Seasons Hotel Austin to charge my credit card listed below for the following accommodations and services:

_____Any and All Charges _____Room Rate, Occupancy Tax, and State Recovery Fee Only*
_____Other as Described*_____

**Please understand that unless this agreement authorizes payment for "Any and All Charges", the guest will also need to establish credit with the Hotel at registration.*

_____		_____	
Name of Guest(s)		Dates Covered and Confirmation Number	
_____	_____	_____	_____
Guest Billing Address	City	State	Zip
_____	_____		
Guest Phone Number	Guest Email Address		

_____ Name on Credit Card _____ Last 4 digits on Card _____ Credit Card Type and Expiration

_____ Credit Card Owner Billing Address _____ City _____ State _____ Zip

_____ Cardholder Phone Number _____ Card Holder Email Address

Signature of Cardholder (as it appears on Credit or Debit Card used)

If you would like us to e-mail you a copy of the charges please provide a valid e-mail address below

E-mail Address
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_____ Credit Card Account Number _____ Expiration Date

(Hotel Instructions upon Processing cut along dotted line and shred bottom portion, along with copy of Credit Card)