



Hyatt Place Austin Downtown
Credit Card Authorization Form

GROUP NAME _____ DATES OF STAY: _____

NAME: _____ DATE: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I authorize the Hyatt Austin Place Downtown to debit the following credit card with:

SLEEPING ROOMS

ROOM & TAX: _____ ALL ROOM/TAX/INCIDENTALS: _____ PARKING _____

LONG DIST. CALLS: _____ VALET/LAUNDRY: _____ MOVIES: _____ MEALS: _____

HOLDING ROOMS ONLY: _____ AS APPROVED BY ME _____

GUEST NAMES/
CONFIRMATION
NUMBERS: _____

MEETING/BANQUET CHARGES

ROOM RENTAL: _____ AV: _____ FOOD & BEVERAGES: _____ LIQUOR: _____

PAYMENT INFORMATION

CARD TYPE:

AMEX _____ DINERS _____ MASTERCARD _____ VISA _____ DISCOVER _____

CARD NUMBER: _____ EXP. DATE: _____

CARDHOLDER NAME: _____

SIGNATURE: _____

AUTHORIZED USERS: _____

Please attach all tax exempt forms if qualify for exemption

Please fax the completed form back to the hotel at (512) 476-4404