aloft

Austin at the Domain

It is our pleasure to accept your credit card for payment on the account of your designation. This form allows us to follow your authorization details, and is restricted to use only for the person, charges, and dates you specify.

and dates you specify.			
Fax To:		Return To:	
Name:		The aloft Austin at the	Domain
Company:		Attn: Front Desk	0.0
Fax #:		Fax# (512) 491-0708	
Phone #		Phone # (512) 491	·U / / / @aloftaustinatthedomain.com
		Email aloit.irontueski	ealonausimanneuomam.com
If authorization form is for multiple gues	sts please attach	a rooming list with	confirmation number.
Guest Name:	*	Confirmation Numbe	
Arrival Date:	*	Departure Date:	
Diagon hill the follow	vina obanace for	the above quest to	my gradit gard:
Please bill the follow Room & Tax Only	ICharges for	Guarantee Only	Meeting Space
			g op a c c
Credit Card #:			
Expiration Date of Card:			
o Visa o A	No XMA	//asterCard	o Diners Card
Cardholders Information:			
Name:			
Company:			
Address:			
City:		State:	Zip:
Telephone #:		Fax #:	
Front of Card		Back of Card	
authorize The aloft Austin at the Domain to	bill the charges indi	-	edit card as shown.
Signature:		Date:	