



Credit Card Authorization Form

Company/Individual Name: _____

Date(s) of Event(s): _____ *check for ongoing accounts*

Event Name: _____

Card Type: Amex Visa Master Card Discover Diner's Club

Credit Card No.: _____ Exp Date: ____/____/____

I, _____, authorize the InterContinental Stephen F. Austin
Print Cardholder Name
to charge my credit card for all applicable charges.

All Charges Room & Tax Room, Tax & Incidentals Banquet Charges

Advance Deposit \$ _____ Gift Certificate \$ _____ For _____

Signature of Cardholder - * see below _____
Date

Address: _____

Phone #: _____ Fax #: _____

Email Address: _____

FAX COMPLETED FORM TO:
RESERVATIONS
FAX: (512) 721-4218

PLEASE PROVIDE A LEGIBLE COPY OF THE FRONT AND BACK SIDE OF THE CREDIT CARD ALONG WITH
A PICTURE I.D. WHEN YOU RETURN THE COMPLETED FORM

*** - By signing this authorization, I acknowledge that I am the rightful cardholder and sole authorized user of the credit card provided above. Furthermore I acknowledge that the card is active, in good standing, with the full capacity to settle all charges that I have committed and obligated to. By providing my card information I fully authorize the Hotel to settle all charges that are applicable. I understand that any additional charges related to my event, hotel stay, or other service request will also be settled against this credit card.**