

OMNI  HOTELS®
downtown | austin

CREDIT CARD AUTHORIZATION FORM

Name of Guest _____

Please identify credit card below (*check one*)

American Express

Discover

Diners Club

MasterCard

Visa

Carte Blanche/JCB

Credit Card Account Number: _____

Exp. Date _____ Verification # _____

Cardholder Name (*please print*) _____

Description of services (*check one*):

Sleeping Rooms Only

Sleeping Rooms and Incidentals

Other (*Please Describe*) _____

Date(s) of stay _____

I hereby authorize the Omni Austin Hotel to apply costs for the above listed items/services to the credit card identified above.

Cardholder Signature _____ Date _____

Address to which statement and charge voucher to be sent:

Name _____

Company Name _____

Address _____

City, State _____ Postal Code _____

Contact Phone _____ E-Mail Address _____

Please fax completed forms to 512-397-4888, Attention Front Desk.

Hotel Contact Name _____