

OMNI HOTELS & RESORTS[®]

southpark | austin

Credit Card Authorization Form

Name of Guest or Organization: _____

Confirmation / Account Number (if available): _____

Sales / Conference Services / Catering Manager: _____

Cardholder Name (please print): _____

Cardholder Phone Number: _____

Cardholder E-Mail Address: _____

Please identify credit card below (check one):

_____ American Express
_____ Carte Blanche
_____ Diners Club
_____ JCB

_____ MasterCard
_____ Discover
_____ Visa

Credit Card Account Number: _____ Exp. Date: _____

Description of services:

_____ All Charges
_____ Room / Tax
_____ Advance Deposit
_____ Banquet Charges
_____ Audio / Visual Charges
_____ Other

_____ Flat Dollar Amount \$ _____
_____ Deposit Schedule
\$ _____ on ___/___/___
\$ _____ on ___/___/___
\$ _____ on ___/___/___
Final remaining balance
on ___/___/___

Date of Function: _____

I hereby authorize the Omni Austin Hotel at Southpark 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: _____

**Credit Card Authorization not valid if cardholder name, signature and name on card do not match.
Please fax complete forms to 512-383-2729 or you can scan and e-mail.**