



**Individual Credit/Debit Card**

Hotel Name: Sheraton Austin

Address: 701 E. 11th Street

City, State, Zip: Austin, TX 78701

Fax Number: 512-478-3700

**\*\*\*PLEASE NOTE CARD WILL BE CHARGED AT THE TIME THIS FORM IS SUBMITTED\*\*\***

<b>Cardholder Name:</b>	<b>Date(s) of Guest Check In:</b>
Cardholder Address:	Contact Phone #:
Name of Guest authorized to charge::	Contact Email:

<i>Estimate of Guaranteed Charges</i>				<i>Individuals Authorized to Charge to Guest Room</i>	
All Charges	\$ _____	Parking	\$ _____	Print Name: _____	Address: _____
Room and Tax	\$ _____	Phone Calls	\$ _____	Print Name: _____	Address: _____
Food and Bevg	\$ _____	Shipping	\$ _____	Print Name: _____	Address: _____
Internet	\$ _____	TOTAL	\$ _____	Print Name: _____	Address: _____

*I hereby authorize Sheraton Austin to charge by personal/corporate credit card for expenses incurred as noted above. (Attach a legible copy of the front and back of your credit card)*

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Type \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

\_\_\_\_\_

*If you would like to have a copy of the final paid bill sent to you, contact us after check out, also please fill out the following:*

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**PCI COMPLIANCE MANDATES THAT FORM MUST BE FAXED - DO NOT EMAIL**

Form must be received by the Hotel at least three (3) days prior to check-in or function date.

Hotel Use Only			
Posted Date	_____	Approval Code	_____
Amount	_____	Posted by	_____