

W Austin

Austin, TX

CREDIT CARD AUTHORIZATION

Group Name: _____

Sales Contact: _____

Arrival Date: _____

Charges to be billed to my credit card are as follows: (Check yes or no)

	Yes	No		Yes	No
Guest room & tax	___	___	Baggage Claim	___	___
Guest Incidentals	___	___	Baggage Handling	___	___
Meal Coupons	___	___	Catering Functions	___	___
Meeting Room Rental	___	___	Audio/Visual Equip	___	___
Attrition/Cancellation	___	___			

*Items checked "No" are the responsibility of the guest(s)

We hereby authorize the circled hotel to use our Credit Card as indicated above.

Exact Name on Card: _____

Credit Card Number: _____ Exp. Date: _____

Company Name: _____

Authorized Signature: _____

Print or Type Name & Title: _____ Today's Date: _____

Telephone Number: _____ Fax Number: _____

Billing Address on Credit card Account: _____
