

## CREDIT CARD AUTHORIZATION FORM

Hotel:

Guest name:

Guest Confirmation Number:

Function Name (if applicable):

Guest Arrival Date(s):

Business Name (if applicable):

Credit Card Billing Address:

City / State / Zip / Country:

Guest Phone Number:

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:  Room & Tax     Only Specific Incidentals     Gift Certificate  
 Food & Beverage     All Banquet Charges     Guest Amenity  
 All Incidentals     Valet Parking     Other - See Comments

Please note:

**All Estimated Banquet Charges will be processed seven (7) days prior to the function(s),  
with any final adjustments at the completion of function(s)**

Comments:

Credit Card Number:

Expiration Date:

Security Code:  
(located on back of card)

Name on Card:

Card Holder Signature

Please email this completed form to: [carol.shepardson@hyatt.com](mailto:carol.shepardson@hyatt.com)

For a list of all hotels and their contact information, please visit: <http://www.hyatt.com/hyatt/site-map.jsp>

All information is kept confidential and used only for the purposes as noted above.