

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 completed form to 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.