

CREDIT CARD AUTHORIZATION FORM

Hotel:

Individual/Reservation/Group or Event Name:

Reservation Confirmation Number:

Arrival or Event Date(s):

Credit Card Billing Address:

City / State / Zip / Country

Contact Phone Number:

I hereby authorize the following charges to be applied to the following credit card.
Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> Gift Certificate |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Guest Amenity |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee | <input type="checkbox"/> Parking |
| | <input type="checkbox"/> Other - see comments | |

I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):

Comments:

The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.

Credit Card Number: Name on Card:

Expiration Date: Phone Number:

Signature of Card Holder: _____ Current Date

Please fax this completed form to:

Hotel Fax #:

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.