

CREDIT CARD AUTHORIZATION FORM

Hotel:

Guest Name(s):

Guest Reservation Confirmation Number:

Function Name (if applicable):

Guest Arrival Date(s):

Name of Business (if applicable):

Credit Card Billing Address:

City, State, and Zip:

Guest Phone Number:

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

- | | | |
|--|--|---|
| <input checked="" 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"/> Parking | <input type="checkbox"/> Other |

I hereby authorize the following amount be applied to the credit card:

Comments:

Credit Card Number:

Expiration Date:

Name on Card:

Credit Card

Debit Card

Signature of Card Holder:  Current Date

Please fax this form with a readable photocopy of the front and back of the signed credit card 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.

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