



CREDIT CARD AUTHORIZATION FORM

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

DO NOT EMAIL THIS FORM - FAX FORM TO: 202-218-7601

ATTN: _____

Date: 3-14-19

Guest / Group Name: <u>NBER</u>		Confirmation / Event Number:	
Check-In / Event Date: <u>5-15-19</u>			
Name of Person Making Reservation: <u>ROB SHANNON</u>		Phone: <u>617 588 0384</u>	
Authorized Amount:	Approval Code:	Date:	

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card: <u>ROBERT SHANNON</u>			
Credit Card Billing Address: <u>1050 MASS AVE.</u>			
City: <u>CAMBRIDGE</u>	State: <u>MA</u>	Zip: <u>02138</u>	
Daytime Phone: <u>617 588 0384</u>	Evening Phone:		
Credit Card Number: <u>3782 628678 84033</u>	Expiration Date: <u>9-23</u>		
Credit Card Type: (Circle one)			
Diners Club	Discover	JCB	Visa/ MasterCard
			<u>Amex</u>
Credit Card Issuing Bank Name: <u>AMERICAN EXPRESS</u>		Bank Phone Number (from back of your credit card): <u>800 492 3344</u>	
I agree to cover the following categories of charges: (Please circle):			
<u>All Charges</u>	<u>Room & Tax</u>	Incidentals	Facility Fee
Food & Beverage	Banquet Charges	<u>Attrition Fees</u>	<u>Cancellation Fees</u>
I agree to cover <u>Attrition or Cancellation Fees</u> per Contract. Please sign name and date beside applicable fees per contract			
Attrition Per Contract: <u>Per 782 3-14-19</u>			
Cancellation Fees Per Contract: <u>Per 782 3-14-19</u>			

Note:

- a) Charges for room/tax or group deposits will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.
- b) Please provide clear copy of the back and front of the credit card (make sure to sign back of credit card)
- c) Please provide copy of the ID (issued by the state/federal government only) which clearly shows the name and the signature of the credit card holder. This information will be kept in a secure location.
- d) Card holder agrees to pay Hamilton Hotel any charges incurred by his/her guest (mentioned above) due to loss of hotel property, smoking, disturbance, extension of his/her guest (mentioned above) at all times.
- e) Hamilton Hotel at all times reserves all rights to refuse/decline to accept the credit card authorization.

Hotel Use Only – Deposit to be immediately charged for room/tax or group event: \$ _____

By signing below, you authorize the hotel to charge your credit card up to the "Maximum Amount" indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature: _____

Rob Shannon

Date: _____

3-14-19