

THIRD PARTY CREDIT CARD AUTHORIZATION FORM

This authorization form confirms that the listed client or guest is authorized to use the below payment information for charges while at the DoubleTree by Hilton, Holland, Michigan.

General Information

Guest or Client Name: _____

Company: _____ Phone Number: _____

Confirmation Number: _____ Arrival Date: _____

Cardholder Information

Name on credit card: _____ Last 4 of card number: _____

ENTER FULL CREDIT CARD NUMBER BELOW

Card Type (Please Circle) VISA MC AMEX DISCOVER DINERS/CB

Account Type (Please Circle) Individual/Personal Card Corporate/Business

Corporate Company Name: _____

Address: _____

Phone Number: _____ Email: _____

Credit Card Can Only Be Used For The Following Approved Charges (Please circle applicable)

Room & Tax ONLY Room, Tax, & Incidentals Meeting Space Banquet Charges

I certify that all information on this form is complete and accurate. I understand that I am responsible for all agreed upon charges and/or damages incurred on this account. If any changes need to be made to this form, I am responsible for notifying the above mentioned hotel and filling out a new authorization form. I certify that I am the authorized signer of the credit card listed.

Cardholder Name (Printed): _____

Cardholder Signature: _____ Date: _____

Section below to be shredded once entered into the system

Credit Card Number: _____

Expiration: _____