



Hilton New York

Credit Card Payment Authorization Form

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

ATTN: Victor Wilson, Assistant Director of Events (212) 261-2142

FAX COMPLETED FORM TO: 212-261-5921 DURING NORMAL BUSINESS HOURS, MON-FRI 9AM TO 5PM

FAX COMPLETED FORM TO: Weekends and holiday arrivals please fax it to 212-261-5946 Email: victor.wilson@hilton.com

Date: _____

Guest Name:		
Check-In Date	Confirmation Number:	
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount: Hotel Use	Approval Code: Hotel Use	Date: Hotel Use

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

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number:		Expiration Date:
Credit Card Type: (Circle one)		
<input type="radio"/> Visa/MasterCard	<input type="radio"/> American Express	<input type="radio"/> Discover
		<input type="radio"/> JCB
		<input type="radio"/> Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle)		
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Food & Beverage
		<input type="checkbox"/> Phone Calls
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
Email Address:		

Note: Charges for room and tax will be charged immediately.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card **(hotel use only):** \$ _____

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

Cardholder Signature: _____

Date: _____