



**Embassy Suites by Hilton @ National Airport - Crystal City**

**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.**

<b>Fax Completed Form to:</b>	703-920-5947	<b>Attention:</b>	
<b>Email Completed Form to:</b>	<a href="mailto:Wascr-front_office_managers@hilton.com">Wascr-front_office_managers@hilton.com</a>	<b>Date:</b>	

**HOTEL USE ONLY:**

Authorized Amount:	Approval Code:	Date:
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**CARDHOLDER - Please complete the following section and sign/date below:**

Guest / Group Name:				
Check-In / Event Date:				
Name of Person/Group Making Reservation:			Phone:	
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:		State:	Zip:	
Daytime /Business Telephone:			Evening Telephone:	
Credit Card Type: (Circle one)				
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners Club
Last <b>FOUR</b> digits of the credit card _____			Expiration Date: _____	
<b>The credit card number will verbally be given to a hotel representative. In giving the card number, the card holder agrees that the card is authorized to be charged for the charges indicated below.</b>				
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"/> Meeting Charges/AV	<input type="checkbox"/> Parking
I authorize the hotel to immediately charge the above card for the <b>estimated amount</b> of \$ _____				

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. All estimated charges must be pre-paid in full 72 business hours prior to the event start date.**

Cardholder Signature: _____	Date: _____
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