

Hilton St. Petersburg Bayfront Hotel

CREDIT CARD BILLING AUTHORIZATION

HOTEL NAME: Hilton St. Petersburg Bayfront Hotel HOTEL PHONE #: 727-894-5000
HOTEL ADDRESS: 333 1st. Street South HOTEL ACCOUNTING FAX #: 727-824-7003
St. Petersburg, FL 33701 HOTEL FAX #: 727-894-7655
GUEST/GROUP NAME: _____ RESERVATION/BOOKING#: _____
ARRIVAL/FUNCTION DATE: _____ DEPARTURE DATE: _____
CARDHOLDER NAME: _____ PHONE #: _____
CARDHOLDER ADDRESS: _____ FAX #: _____
Email: _____

TYPE OF CREDIT CARD (circle one)

Card type: Visa MC Amex Diners/CB Discover JCB
Account type: Individual (personal credit card)
 Corporate | Company Name: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

TERMS AND CONDITIONS

The Cardholder agrees by their signature below that all charges incurred by the Cardholder at the above named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides alternated form of payment prior to departure from the Hotel. Cardholder understands that the Hotel will obtain prior approval from the credit card company for the estimated amount of the Cardholder's charges. Cardholder further understands that this Authorization is subject to approval by the Hotel's Controller and/or General Manager. If, for any reason, this authorization is not approved by the aforementioned Hotel representative, the Cardholder agrees to provide the Hotel with an Advance Deposit for the full amount of the estimated charges as determined by the Hotel. Such Advance Deposit will be made in one of the acceptable methods prescribed by the Hotel.

CARDHOLDER SIGNATURE: _____ DATE: _____

Rate Information and Approved Charges

** IF YOU ARE TAX EXEMPT YOU MUST SEND A COPY OF THE CREDIT CARD WITH THIS FORM**

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges Room & Tax Banquet Charges A/V Charges Guarantee O

FOR HOTEL USE ONLY

EST. AMOUNT: _____

AUTH. DATE: _____

AUTH. AMT.: _____

APPROVAL #: _____

HOTEL APPROVAL: _____

(signature)

TITLE: _____