

KIMPTON[®]

HOTELS & RESTAURANTS

Credit Card Authorization Form

Please send to your property sales contact, property front desk or property accounting team.

I _____ hereby authorize _____ to process the following credit card:

Guest Name: _____ Guest email address: _____

Guest Contact Phone Number: _____

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

If Applicable, Name of Group/Guest Name + Confirmation #:

If Applicable, Name of Group/Guest Name + Confirmation #:

Name on Credit Card (if different from above):

Last Four Digits of Credit Card Number:

To protect your confidential information, do not write the full credit card number in this form. Our Hotel Accounting team will call for your information.

Expiration Date: _____

Billing Address: _____ City/State/Zip: _____

Contact Number: _____ Email Address: _____

Authorized Signature: _____ Date: _____

Please Indicate Billing Instructions:

- | | |
|--|--|
| <input type="checkbox"/> All Charges | <input type="checkbox"/> Meeting and Banquet F&B |
| <input type="checkbox"/> Room and Tax Only | <input type="checkbox"/> Audio Visual Only |
| <input type="checkbox"/> Incidentals Only | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Room, tax, meeting/catering | <input type="checkbox"/> Advance Deposit of \$ |

**** Please note that if you fail to pay through another method at time of payment, all charges will be applied to the above credit card.**