DOUBLETREE
GUEST SUITES®
PHOENIX

CREDIT CARD AUTHORIZATION FORM

Today's Date _____

Company Name _____

Address _____

City/State/Zip Code _____

Phone # / Fax # _____

Function Name _____

Function Date (s) _____

On-Site Contact _____

Doubletree Contact Sandra Sampley, Catering Conference Manager

Items to be Charged (check below)

_____ Banquet/Catering Charges (Food, Beverage, Room Rental & Audio Visual)

_____ Sleeping Room - Room and Tax Only

_____ Sleeping Room - All Charges (Room, Tax & Incidental Charges)

_____ Other - Please specify below

_____

_____

_____

Type of Credit Card: American Express _____ Discover _____

Visa/Mastercard _____ Diners Club _____

Credit card # _____ Expiration Date _____

Name as it reads on credit card _____

Signature of card holder _____

By signing this credit card authorization form the card holder agrees to:

I authorize the Doubletree Guest Suites Phoenix to charge my credit card for the items checked above. I understand that an authorization hold for estimated charges will be made on my credit card three days prior to arrival and will be released if an alternate method of payment is made on the day of departure. I also acknowledge that my signature matches the credit card number and name on credit card written above.

Revised 11/9/98

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