

# Crowne Plaza Columbus North

6500 Doubletree Avenue  
Columbus, OH 43229

## Credit Card Authorization

Group Name: \_\_\_\_\_

Function Dates: \_\_\_\_\_

I, the undersigned, do hereby give the Crowne Plaza Columbus North the authority to charge the credit card listed below for the following initialed items. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all agreed upon initialed charges and any and all collection/legal fees.

Authorized charges to credit card (*please initial all acceptable charges*):

<b>All Charges</b>	_____	Movies	_____
Room/Tax Charges Only	_____	Deposit	_____
Restaurant Charges	_____	Catering Charges	_____
Lounge Charges	_____	Meeting Room Rental	_____
Parking: Valet Charge	_____	A/V Rental	_____
Self-Charge	_____	Other (Please Specify)	_____

## Credit Card Information

Please sign this form, **include a copy of the driver's license of the cardholder** and return this form by fax to 614-885-3813.

**Authorized by:** \_\_\_\_\_  
(*Must be signed by person whose name appears on the credit card.*)

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**\*The following information will be kept in a secure location and shredded upon completion of the event.\***

Cardholder Name (Please Print): \_\_\_\_\_

Date \_\_\_\_\_ Personal Card \_\_\_\_\_ Company Card \_\_\_\_\_

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Thank you for choosing the Crowne Plaza Columbus North for your upcoming event!