

Hotel Use Only: Reservation # _____

CREDIT CARD AUTHORIZATION FORM

I hereby authorize *Georgetown University Hotel & Conference Center*, upon receipt of this notice, to obtain authorization and apply the approved below charges to my credit card that may be incurred by the person(s) named below.
 A separate cc.auth.form is required for each different set of date(s) & different approved charge(s) for each reservation.
 The same form can list multiple guests for the "same" check in & check out reservation dates & same approved charges.

I AUTHORIZE THAT THE PRIMARY GUEST(S) WILL BE AT LEAST 21 YEARS OLD ON DATE OF CHECK IN.

Name of guest(s):	_____		
	<i>(Please Print)</i>	<i>First Name</i>	<i>Last Name</i>
Check in date:	_____		
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Check out date:	_____		
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Name on credit card to be charged:	_____		
	<i>(Please Print)</i>	<i>First Name</i>	<i>Last Name</i>

May the hotel use this credit card for any additional days beyond the above departure date? Yes No

Mailing address of credit card to be charged:	_____		
	<i>(Please Print)</i>		
	<i>City</i>	<i>State</i>	
Cardholder's Telephone #:	_____		
Fax number:	_____		
Cardholder's E-mail address:	_____		

Does your organization have a District of Columbia Tax Exemption Certificate? Yes No
(If yes, please attach copy of Sales and Use Tax Exemption Certificate)

Approved charges on this credit card: ALL Charges Room Parking *FCR Bkfst and/or Lunch: Choose: _____
 Tax Incidentals Only *FCR = Faculty Club Restaurant

Billing Notes (Optional): **For a "NO SHOW", the below credit card is to be charged.** _____

Credit Card Type: AMEX MASTER CARD VISA DISCOVER DINER'S CLUB

Provide the last four digits of your credit card #: _____ Exp.Date: _____ / _____
 Month / Year

Step 1: Contact Mayra to provide the full credit card #: (202) 687-3252 (M-F, 8:00 am – 4:00 pm EST)
Step 2: Email this completed form to MF983@georgetown.edu

Signature of Cardholder: _____ Date: _____
 Month - Day - Year