

Hotel Use Only: Booking Number

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) or event(s) named below.

Group / Event Name: <i>(Please Print)</i>	_____		
Arrival Date:	_____		
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Departure 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>	

Mailing address of the credit card to charge:	_____		
	<i>(Please Print)</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i>
Telephone number:	_____		
Fax number:	_____		
E-mail address(es):	_____		

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: (check one)

All Charges <input type="checkbox"/>	Room & Tax Charges <input type="checkbox"/>	Event Charges <input type="checkbox"/>	Food & Beverage Charges <input type="checkbox"/>
--------------------------------------	---	--	--

Billing Notes (Optional):

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

Provide your full credit card #: _____ Exp.Date: _____ / _____

Month / Year

Please return this form to your Sales Manager via email atleast 7 days prior to your event's start date.

Signature of Cardholder: _____ Date: _____

Month - Day - Year