



CREDIT CARD AUTHORIZATION LETTER

Card Holder's Name: _____

(as it appears on the card)

Credit Card

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Contact Name: _____ Contact Telephone #: _____

(if different from above)

GUEST/FUNCTION INFORMATION
Guest's Name -OR- Function #1
Arrival Date:
Departure Date:
Guest's Name -OR- Function #2
Arrival Date:
Departure Date:
Guest's Name -OR- Function #3
Arrival Date:
Departure Date:
Guest's Name -OR- Function #4
Arrival Date:
Departure Date:

CREDIT CARD INFORMATION
Credit Card Type: [] American Express
[] Visa/MasterCard
[] Diners Club/Carte Blanc
[] Discover
[] JCB
Credit Card Number:
Expiration Date:
A legible photocopy of the FRONT and BACK of the Credit Card along with this completed form should be faxed or mailed to:
Hyatt Place Cincinnati Sharonville
Convention Center
11345 Chester Road
Cincinnati, OH 45246
Business: 513-771-1718
Facsimile: 513-771-1710

Card Holder accepts liability for the following charges: (check all that apply)

- [] All [] Room & Tax [] Restaurant [] Lounge [] Room Service
[] Telephone [] Movies [] Banquets [] Valet [] Other (specify) _____

Amount per Guest or Function should not exceed: \$ _____

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges indicated for the above named function(s) or night(s) stay.

Authorized Signature: _____ Title: _____ Date: _____