## **Remington Hotels & Resorts**

## CREDIT CARD BILLING AUTHORIZATION

| HOTEL NAME: Hilton Tampa Airport Westshore   | <b>HOTEL PHONE #:</b> _813-877-6688   |
|--|---|
| HOTEL ADDRESS: 2225 North Lois Ave Tampa FL 33607  | HOTEL FAX #: 813-879-3264   |
| CARDHOLDER NAME:   | PHONE #:  |
| CARDHOLDER ADDRESS:  | _ FAX #:  |
| GUEST NAME:  |   |
| CONFIRMATION NUMBER:   |   |
| DATES OF STAY- ARRIVAL:  | DEPARTURE:  |
| CARD TO BE USED FOR: ROOM/TAX ONLY IN  | CIDENTALS ONLY ALL CHARGES  |
| TYPE OF CREDIT CARD  |   |
| AMERICAN EXPRESS JCB DISCOVER O  | CARD WASTERCARD VISA  |
| CARD NUMBER:   | EXPIRATION DATE:  |
| TERMS AND CONDITIONS   |   |
| The Cardholder agrees by their signature below that all charare authorized to be charged to the Cardholder's credit card alternated form of payment prior to departure from the Hote approval from the credit card company for the estimated amunderstands that this Authorization is subject to approval by any reason, this authorization is not approved by the aforem provide the Hotel with an Advance Deposit for the full amou Such Advance Deposit will be made in one of the acceptable CARDHOLDER SIGNATURE: | indicated above and below, unless Cardholder provides el. Cardholder understands that the Hotel will obtain prior tount of the Cardholder's charges. Cardholder further of the Hotel's Controller and/or General Manager. If, for entioned Hotel representative, the Cardholder agrees to not of the estimated charges as determined by the Hotel. methods prescribed by the Hotel. |
| Must send Photocopy of Credit Card (front  | and back) and Valid I.D. of Card Holder   |
| FOR HOTEL  | USE ONLY  |
| GUEST/GROUP NAME:  | EST. AMOUNT:  |
| ARRIVAL/FUNCTION DATE:   | AUTH. DATE:   |
| DEPARTURE DATE:  | AUTH. AMT.:   |
| RESERVATION/BOOKING #:   | APPROVAL #:   |
| HOTEL APPROVAL:(Signature)   | TITLE:  |