



**EMBASSY  
SUITES**  
by HILTON™

## **EMBASSY SUITES BY HILTON ANAHEIM SOUTH**

### **Credit Card Payment Authorization Form**

**In accordance with the Garden Grove City Ordinance 2862, credit card authorization forms will not be accepted unless in conjunction with a contracted event or group.**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to check-in, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

**Do not send completed form by email.**

**FAX COMPLETED FORM TO: 714-539-4600**

Guest/Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation		Phone:
Hotel use:		
Authorized Amount:	Approval code:	Date:

**CARDHOLDER – Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit card:			
Cardholder Billing Address:			
City:	State:	Zip:	
Daytime/Business Telephone:		Evening Telephone:	
Credit Card Number:		Expiration Date:	
Card Type:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number(back of card)	
I agree to cover the following categories of charges:			
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Telephone (LD)	<input type="checkbox"/> Telephone (Local)
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Room Service	<input type="checkbox"/> Valet (laundry)	<input type="checkbox"/> Parking
<input type="checkbox"/> HS Internet Access	Other: _____		
I agree to cover the above categories for charges up to a Maximum Amount of \$ _____			

<b>DIRECT BILL ACCOUNT PAYMENTS ONLY:</b>	
Name on Invoice/Statement:	Date on Invoice/Statement:
Invoice/statement Number:	Authorized Amount:\$

**NOTE: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately.**

Amount to be immediately charged to credit card for room and tax or deposit: \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" Indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Name (*printed*): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hotel use only---Final balance billed to credit card:\$ \_\_\_\_\_