



New York Hilton Midtown Credit Card Payment Authorization Form

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

ATTN: Lobby Credit Manager (212) 261-5810
DURING NORMAL BUSINESS HOURS, MON-FRI 9AM TO 5PM
FAX COMPLETED FORM TO: 212-261-5862

FAX COMPLETED FORM TO: *Weekends and Holiday arrivals please fax it to 212-261-5946*

EMAIL FORM TO: craig.bertz@hilton.com

Date: _____

Guest Name:	
Check-In & Check-Out Date:	Confirmation Number:
Name of Person/Group Making Reservation:	Phone:

CARDHOLDER - Please complete the following section and sign/date below:

Note: If the card you are looking to authorize is already on file please include **ONLY** the last four digits of the credit card number.

Credit Card Number:	Expiration Date:
<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club	
I agree to cover the following categories of charges: (PLEASE CIRCLE ALL THAT APPLY)	
<input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Urban Destination Charge <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Parking	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____	
Email Address:	

Amount to be immediately charged to credit card for room and taxes 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 Signature: _____

Date: _____