



**Doubletree by Hilton Hotel Washington DC - Crystal City**

**Credit Card Payment Authorization Form**

Please complete all areas below. Incomplete requests may be rejected.

<b>Fax Completed Form To:</b>	703-416-4126
<b>Email Completed Form To:</b>	DCAAE-CCAUTH@hilton.com

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

**DO NOT INCLUDE THE FULL CREDIT CARD NUMBER**

<b>Guest Name:</b>					
<b>Confirmation Number:</b>					
<b>Arrival Date</b>					
<b>Cardholder Name as it Appears on Credit Card</b>					
<b>Cardholder Billing Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Cardholder Phone Number</b>					
<b>Cardholder Email Address for Receipt</b>					
<b>Credit Card Type (Please Circle)</b>	Visa	MasterCard	American Express	Discover	JCB Diners Club
<b>Last FOUR digits of the Credit Card</b>					
<b>Credit Card Expiration Date</b>					
<b>The Credit Card number will be verbally given to a hotel representative. In giving the card number, the card holder agrees that the card is authorized to be charged for the charges indicated below (Please Circle):</b>					
<b>All Charges \ Room &amp; Tax \ Food &amp; Beverage \ Parking \ All Incidental (Non Room and Tax) Charges</b>					

**Note: Charges will be processed on the credit card as a deposit upon receipt of the Credit Card Payment Authorization Form.**

<b>Cardholder Signature</b>		<b>Date</b>	
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**Hotel Team Member Use Only**

<b>Received On</b>	<b>Processed By</b>	<b>Amount Processed on Credit Card</b>