



**Hilton
Garden Inn®**

Philadelphia Center City

Credit Card Authorization

Date: _____

I AGREE TO ALLOW THE HILTON GARDEN INN PHILADELPHIA CENTER CITY TO CHARGE MY CREDIT CARD FOR GUARANTEE OF PAYMENT OF SERVICES OR ACCOMODATIONS AS OUTLINED BELOW.

Credit Card Type _____

Credit Card Number Exp. _____

Signature of Cardholder: _____

Name of Guest _____

Date of Arrival: _____

Confirmation Number _____

Reservations Manager: Erica Richardson

Credit Card to be Billed for:

- Guest room and tax charges only
- Guest room, tax and incidental charges
- Guarantee ONLY for guest room and tax(Credit Card not to be charged)

Please include a legible copy of the credit card to be used – FRONT & BACK