



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **Hampton Inn Tampa Downtown Channel District at 813-885-6762.**

Cardholder Information

Name as it appears on the credit card: _____ Card type:

Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest or Group name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

Rate Information and Approved Charges

Room rate: _____ Taxes: _____ Total daily rate: _____ Number of nights: _____

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet (Laundry) Parking HS Internet Access Movies

Other: _____

I certify that all information is complete and accurate. I hereby authorize Home2 Suites by Hilton Tampa USF/Busch Gardens to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____

Date: _____