

# CREDIT CARD AUTHORIZATION FORM

Hotel:

Individual/Business/Group or Event Name:

Reservation Confirmation Number:

Arrival or Event Date(s):

Credit Card Billing Address:

City / State / Zip / Country:

Contact Phone Number:  Contact Email Address:

**I hereby authorize the following charges to be applied to the following credit card.**

**Check all that apply:**

- |                                          |                                                    |                                              |                                               |
|------------------------------------------|----------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Room & Tax      | <input type="checkbox"/> City Tax                  | <input type="checkbox"/> Gift Certificate    | <input type="checkbox"/> All Stay Charges     |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Guest Amenity        |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee       | <input type="checkbox"/> Parking             | <input type="checkbox"/> Other - see comments |

**I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):**

*\*In Australia: An additional 3% service fee will apply to the total stay account when paying by Amex and Diners credit cards upon departure. All other credit cards will incur an additional 1.5% fee which will apply to the total stay upon departure (excluding Park Hyatt Sydney).*

Comments:

The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.

Credit Card Number:  Name on Card:

Expiration Date:  Cardholder Phone #:

Signature of Card Holder: \_\_\_\_\_ Current Date

- By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at [privacy.hyatt.com](http://privacy.hyatt.com)

**Please fax this completed form to:**

Hotel Fax #:

**Please transmit this form at least 72 hours prior to your planned arrival in order to ensure your request is processed. Hotel does not accept credit card authorization requests for same day arrivals.**

For a list of all hotels and their contact information, please visit: <http://www.hyatt.com/hyatt/site-map.jsp>

All information is kept confidential and used only for the purposes as noted above.