



***Hilton Houston Post Oak***  
**Credit Card Payment Authorization Form**

**Please complete all areas below. Incomplete or altered forms will be rejected. This form must be received at least 5 business days prior to Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.**

**FAX COMPLETED FORM TO:** \_\_\_\_\_ **ATTN:** \_\_\_\_\_

Name of Guest/Group on reservation:			Confirmation number:		
Check-In/Event Date:					
Name of person making reservation:			Phone:		
Cardholder Name as it appears on Credit Card:					
Cardholder Billing Address:					
City:		State:		Zip:	
Daytime /Business Telephone:			Evening Telephone:		
Cardholder Company Affiliation:					
Cardholder Business Email:					
Credit Card Number:			Expiration Date:		
Credit Card Type: (Circle one)					
Visa/MasterCard		American Express	Discover	JCB	Diners Club
Credit Card Issuing Bank Name:			Bank Phone Number (on back of credit card):		
I agree to cover the following categories of charges: (Please circle)					
All Charges	Guest Room & Tax	Incidental Guest Room Charges	Food/Beverage & Meeting Charges	Parking	Deposit Only
I agree to cover the above categories of charges up to a Maximum Amount of: \$ _____					
<b>Note: Charges authorized above for room and tax, group deposits, incidentals or direct bill account payments will be charged and/or authorized to your credit card immediately.</b>					
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)					
Name on Invoice _____			Date on Invoice _____		
Invoice Number _____			Payment Amount \$ _____		

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount". 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: \_\_\_\_\_

**HOTEL USE ONLY:**

Authorized Amount:		Approval Code:		Date:	
Authorization Captured By:					