



### Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure this form has been accepted.** Call 425-454-0070 to confirm. 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.

**FOR SECURITY reasons, Hilton conforms to all Payment Card Industry (PCI) standards.**

NAME AS IT APPEARS ON THE CREDIT/ DEBIT CARD: \_\_\_\_\_

CARD TYPE:  VISA       MC       AMEX       Diners/CB       Discover       JCB

ACCOUNT TYPE:     INDIVIDUAL       DEBIT/CREDIT       CORPORATE

COMPANY NAME: \_\_\_\_\_ PHONE No. \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

ISSUING BANK: \_\_\_\_\_

ACCOUNT No. \_\_\_\_\_ EXP DATE: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK PHONE No. \_\_\_\_\_

GUEST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE No. \_\_\_\_\_ EMAIL \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

RELATION TO CARD HOLDER:  Business Associate     Other \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

GUEST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RATE INFORMATION AND APPROVED CHARGES - Required**

ROOM RATE: \_\_\_\_\_ TAXES \_\_\_\_\_ TOTAL DAILY RATE \_\_\_\_\_ NUMBER OF NIGHTS \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)

- All Charges       Room & Tax       Telephone (LD)       Telephone (Local)       Restaurant
- Room Service       Valet/Laundry       Parking       HS Internet       Movies
- Other \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Hilton Garden Inn Seattle Bellevue Downtown 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/debit 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/debit card listed above.

Cardholder Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please do not send a photocopy of the front or back of your credit card.**