



Office Use Only	
Property:	_____
SRP Code:	_____
Amount: \$	_____
Date:	_____

**DoubleTree by Hilton Evansville
Debit/Credit Card Payment Authorization Form**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the 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: (812) 423-5004

ATTN:

Date: _____

Group Name:			
Event Date:			
Name of Person Making Group Reservation:			Phone:
HOTEL USE ONLY:	Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:			
Cardholder Billing Address:			
City:	State:	Zip:	
Daytime /Business Telephone:		Evening Telephone:	
Credit Card Number:		Expiration Date:	
Credit Card Type: (Please circle)	Visa	MasterCard	AMEX Discover
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle)			
<p align="center"> <input type="checkbox"/> Guestroom & Tax <input type="checkbox"/> Meeting Room Rental <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Self-Parking or <input type="checkbox"/> All Charges </p>			
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____			
DIRECT BILL ACCOUNT PAYMENTS ONLY:			
Name on Invoice/Statement _____		Date on Invoice/Statement _____	
Invoice/Statement Number _____		Authorized Amount \$ _____	

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

***Payments submitted with a credit card are subject to a 4% credit card convenience fee.**

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all group related charges (less Deposit) will be charged to the above card number at the time of event conclusion.

Cardholder Signature: _____ Date: _____

Email Address: _____