



HILTON BALTIMORE BWI AIRPORT

1739 West Nursery Road Linthicum, MD 21090
Phone (410) 694-0808 Fax # (410) 691-9092

CREDIT CARD AUTHORIZATION FORM

From: _____

Organization: _____

Address: _____

Confirmation #. _____

Phone: _____

Fax #: _____

Name of the Guest or Event: _____

Arrival Date _____

Departure Date: _____

Type of Credit Card: _____

American Express _____ Visa / Master Card: _____ Dinner: _____ Discover: _____

Credit Card Number: _____

Expiration Date: _____

Name of the Card Holder: _____

Signature: _____

A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD AND COPY OF THE DRIVING LICENSE (for individual) MUST ACCOMPANY THIS AGREEMENT, METHOD OF PAYMENT WILL NOT BE COMPLETED WITHOUT THESE DOCUMENTS.

Initial Appropriate box below:

This is an authorization letter confirming the use of the major credit card listed above, to pay for the charges-indicated below -as stated for the above guest and date. This card is to **PAY FOR THE FOLLOWING CHARGES:**

- _____ BREAKFAST
- _____ All Food & Beverage
- _____ Phone and Internet Charges
- _____ Laundry Charges
- _____ Hotel Parking
- _____ Room and Tax
- _____ Movie Charges
- _____ All Charges:
- _____ Transportation Charges
- _____ Limo

Please Indicate any other specific request: _____