

Hotel Use Only: Reservation Number <hr/>
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CREDIT CARD AUTHORIZATION FORM

I hereby authorize *Georgetown University Hotel & Conference Center*, upon receipt of this notice, to obtain authorization and apply the approved below charges to my credit card that may be incurred by the person(s) named below.

A separate form is required for each "separate" reservation date & different approved charges. The same form can list multiple guests for the "same" check in & check out reservation dates & same approved charges.

Name of guest(s): <i>(Please Print)</i>			
	<i>First Name</i>		<i>Last Name</i>
Check in date:			
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Check out date:			
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Name on credit card to be charged: <i>(Please Print)</i>			
	<i>First Name</i>		<i>Last Name</i>

May the hotel use this credit card for any additional days beyond the above departure date? Yes No

Mailing address of the credit card to charge:	<i>(Please Print)</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i>
Telephone number:			
Fax number:			
E-mail address(es):			

Does your organization have a District of Columbia Tax Exemption Certificate? Yes No
(If yes, please attach copy of Sales and Use Tax Exemption Certificate)

Approved charges on this credit card: (check one)

All Charges <input type="checkbox"/>	Room & Tax <input type="checkbox"/>	Incidentals Only <input type="checkbox"/>	Guarantee Only <input type="checkbox"/>
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Billing Notes (Optional): _____

Credit Card Type: AMEX MASTER CARD VISA DISCOVER DINER'S CLUB

Provide the last four digits of your credit card #: _____ Exp.Date: _____ / _____
Month / Year

Return form via fax to (202) 687-3297 atleast 24 hours prior to the guest' arrival date.

You must contact the hotel at (202) 687-3200 to provide the full 16-digit card #.

Signature of Cardholder: _____ Date: _____
Month - Day - Year