



CREDIT CARD AUTHORIZATION FORM

This form constitutes an authorization to process my credit card for any payment required for the stated person(s) as indicated below.

GROUP/COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____ FAX #: _____

FUNCTION DATE(S): _____

CREDIT CARD: _____ CC# _____ EXPIRATION: _____
(Type)

CARDHOLDER (Name as Imprinted on Card): _____

(Must attach a legible copy of credit card and identification card, front and back)

BILLING / PAYMENT:

_____ **ADVANCE DEPOSIT!**

I hereby authorize payment for services to be provided by the Hilton Costa Mesa for the event date(s) stated above. I understand that a charge will be processed for the amount of the deposit only and a receipt will be mailed. Any remaining balance resulting from additional charges on the day of your event are due and payable upon completion of the function.

_____ **FULL PAYMENT**

I hereby authorize payment for All Charges for services to be provided by the Hilton Costa Mesa for the event date(s) stated above. I understand that an approval will be obtained for total charges and a receipt will be mailed. Any remaining balance resulting from additional charges on the day of your event are due and payable upon completion of the function.

I understand if no other arrangements for billing have been established by the completion of the function, all charges will be automatically be processed on the above stated credit card.

GROUP/COMPANY AUTHORIZED SIGNATURE

DATE

PLEASE DO NOT WRITE BELOW THIS LINE AUTHORIZED PERSONNEL ONLY!

APPROVALS:

Date	Estimated Amount	Approval Code
_____	_____	_____
_____	_____	_____

HOTEL REPRESENTATIVE

DATE