



EMBASSY SUITES
HOTEL®

Embassy Suites Dublin
5100 Upper Metro Place, Dublin, OH 43017

CREDIT CARD AUTHORIZATION FORM (SALES)

Please be assured that the information contained on this form and it's attachments will be held in the strictest of confidence and used only for it's intended purpose.

Should you have any questions, please call the Front Desk at (614) 790-9000.

Return this completed form via fax to the hotel Group Coordinator at (614) 790-9001 or send via email to Ratoya.M.Sellers@Hilton.com.

Please do not send this form to any other locations.

Cardholder deposition authorizing Embassy Suites Hotel Columbus - Dublin to charge the following credit card account. To Embassy Suites Dublin:

I, _____, the undersigned, agree to have my credit card authorized and charged for payment of the following :

CONTRACTED EVENT AND /OR GROUP CHARGES and scheduled deposit amounts

For events not paid in full prior to arrival, or in the case of potential changes resulting in additional charges, the hotel reserves the right hold in the form of an authorization the full amount or estimated amount of the bill prior to arrival.

Event / Group Name: _____

Initial which you prefer:

_____ Only for a single event date of _____

_____ Use for this event, **AND** keep on file to use for future events which I may book with you

IF YOU ARE CLAIMING TAX EXEMPTION WE WILL REQUIRE TAX EXEMPT DOCUMENTATION AND A FRONT COPY OF THE CARD SHOWING THE TAX EXEMPT ORGANIZATION NAME. PLEASE BLACK OUT ALL BUT LAST 4 DIGITS OF ACCOUNT # AND EXPIRATION DATE ON CARD. PERSONAL CREDIT CARDS CANNOT CLAIM EXEMPTION.

Name as it appears on the Card: _____ Phone : _____ - _____ - _____

Cardholder Billing Address: Street _____ City: _____ ST: _____ ZIP: _____

Cardholder's Signature: _____

E-mail address I would like final receipt sent to: _____

Your final receipt will be sent approximately 3-5 business days after the close of your event.

Account Number: _____
(Minus last 4 #)

Last 4 Digits:
Acct #:

Expiration Date: