



DoubleTree Hotel & Conference Center – St. Louis
16625 Swingley Ridge Road
Chesterfield, MO 63017
636-532-5000

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received NO EARLIER THAN 5 business days prior to the Check-In, to ensure acceptance of the credit card to be charged. COMPLETED FORM MUST BE FAX TO THE DOUBLETREE HOTEL & CONFERENCE CENTER BEFORE THE DATE OF ARRIVAL.

FAX COMPLETED FORM TO: 636-530-1149 ATTN: KIM O'HAGAN

GROUP NAME: SEFA OCTOBER 2008 NATIONAL SALES CONFERENCE Date: OCTOBER 22 – 25, 2008

Guest / Group Name: SEFA	
Check-In / Check-out:	
Name of Person/Group Making Reservation:	Phone:
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: (Circle one) <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club	
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) <input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Retail <input type="checkbox"/> Recreation	
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.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ Not Applicable

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 guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____ Date: _____

NOTE: PLEASE BRING A COPY OF THIS FORM AND CREDIT CARD WITH YOU AND HAVE IT AVAILABLE AT CHECK IN.