



**EMBASSY  
SUITES**  
by HILTON™

Orlando - Airport

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

**CARDHOLDERS-** Please complete all areas and sign/date below. This form must be received with your signed Event Agreement to confirm your suites and/or event space. **DO NOT** provide a credit card number on this form. A representative from the Hotel Event Department will contact you to obtain the credit card number associated with the details below.

Event Name:			
Event Date:			
Cardholder Name as it appears on Credit Card:			
Cardholder Billing Address:			
City:	State:	Zip:	Phone:
Credit Card Type (select one):			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club			
Cardholder agrees to cover the following Event related charges (select all that apply):			
<input type="checkbox"/> Sleeping Room and Tax* <input type="checkbox"/> All Attendees <b>OR</b> <input type="checkbox"/> Specified Attendees Indicated on Rooming List <input type="checkbox"/> Sleeping Room Incidental Charges <input type="checkbox"/> All Attendees <b>OR</b> <input type="checkbox"/> Specified Attendees Indicated on Rooming List <input type="checkbox"/> Meeting Room Rental(s), Tax and Service Fees <input type="checkbox"/> Catered Food and Beverage, Tax and Service Fees <input type="checkbox"/> Audio/Visual Rental(s), Tax and Service Fees <input type="checkbox"/> Restaurant/Outlet Charges Billed to the Master Account <input type="checkbox"/> Credit Card provided for <b>Guarantee Only</b> ; full pre-payment via cash or business/bank check will be provided 14 days prior to Event date, _____			
*Tax Exempt Organizations must provide required tax exemption documentation for eligibility			
Amount to be immediately charged to credit card for Deposit: \$ _____			

By signing below, you authorize the Hotel to charge your credit card for the Event charges indicated above. Deposits will be charged to your credit card immediately. All other Event related charges will be charged at the conclusion of your Event, with the full amount of estimated Master Account charges authorized seven (7) days prior to the first day of your Event.

**Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Embassy Suites by Hilton Orlando – Airport**

5835 T.G. Lee Boulevard, Orlando, FL 32822 - (407) 888-9339 - [www.embassysuitesorlandoairport.com](http://www.embassysuitesorlandoairport.com)