

# HYATT HOTELS CREDIT CARD AUTHORIZATION FORM

Hotel:

Individual/Business/Group or Event Name:

Reservation Confirmation Number:

Arrival or Event Date(s):

Credit Card Billing Address:

City / State / Zip / Country:

Contact Phone Number:  Contact Email Address:

**I hereby authorize the following charges to be applied to the following credit card.  
Check all that apply:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Room & Tax      | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> All Stay Charges     |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges       | <input type="checkbox"/> Guest Amenity    | <input type="checkbox"/> Other - see comments |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee       | <input type="checkbox"/> Parking          |   |

**I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):**

Comments:

The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.

Credit Card Number:  Name on Card:

Expiration Date:  Cardholder Phone #:

Signature of Card Holder: \_\_\_\_\_ Current Date

- ☐ By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at [privacy.hyatt.com](http://privacy.hyatt.com)

**Please fax this completed form to:**

Hotel Fax #:

**Please transmit this form at least 72 hours prior to your planned arrival in order to ensure your request is processed.**