



**Credit Card Payment Authorization Form**

**DO NOT SEND COMPLETED FORM BY EMAIL. Please fax completed form to our SECURED FAX line at 671-646-1143.**

ATTN: \_\_\_\_\_

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

**Hotel Use Only**

Guest /Group Name:		
Check-In / Event Date:		
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:
Credit Card Number:		Expiration Date:
<b>Credit Card Type: (Check one)</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> JCB <input type="checkbox"/> Other		
Credit Card Issuing Bank Name:		Bank Security Number (from back of your credit card):
I agree to cover the following categories of charges: (Please check applicable) <input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Food & Beverage (Dining) <input type="checkbox"/> Retail <input type="checkbox"/> Membership <input type="checkbox"/> Event Deposit <input type="checkbox"/> Incidental Charges <input type="checkbox"/> Restaurant Reservation <input type="checkbox"/> Other: _____		
I agree to cover the above categories of charges in the Amount of \$ _____		
Banquet Event Note: Please select <b>All Charges</b> if charges are to be covered by this credit card.		

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges will be charged at the time of check-out.**

By signing below, I authorize the Hilton Guam Resort and Spa to charge my credit card immediately for the amount indicated above. I 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 checkout or event conclusion.

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

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