

For Office Use Only:
Amount: _____
Circle One: Charge Pre-Auth Deposit
Date of Function:

Initials: _____ *Date:* _____

Hilton Albuquerque Credit Card Authorization Form

Organization _____

Credit Card Type & # _____ **exp** _____

Name of Card Holder _____

Signature of Card Holder _____

Dates for Authorization _____

Person (s) Authorized _____

The Above Named is Authorized to Charge the Following:

- | | |
|----------------------------------|--------------------------------------|
| _____ Room & Tax | _____ Banquets/Catering Event |
| _____ Meeting Room Rental | _____ Deposit |
| _____ Incidentals | _____ Other _____ |

Copy of Invoice Mailed/Faxed to: _____

Address _____

Fax Number _____

Comments:

Please attach a copy of the front and back of the credit card
1901 University Boulevard, NE
Albuquerque, New Mexico 87102
Telephone 505-884-2500 Facsimile 505-872-9217