

**CREDIT CARD AUTHORIZATION FORM**

**Name of Guest or Organization** \_\_\_\_\_

**Cardholder Name** *(please print)* \_\_\_\_\_

**Cardholder Phone Number** \_\_\_\_\_

**Please identify credit card below** *(check one)*

American Express

MasterCard

Carte Blanche

Discover

Diners Club

Visa

JCB

**Credit Card Account Number:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Description of services:** \_\_\_\_\_

**Date of Function:** \_\_\_\_\_

*I hereby authorize the Omni Shoreham Hotel to apply costs for the above listed items/services to the credit card identified above.*

**Cardholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Auth. Code** \_\_\_\_\_

*Address to which statement and charge voucher to be sent:*

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Postal Code \_\_\_\_\_

*Credit Card Authorization not valid if cardholder name, signature and name on card above do not match  
Fax completed forms to 202-756-5120*