

The Waterfront Beach Resort, A Hilton Hotel
Credit Card Payment Authorization Form

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.
Do not send completed form by email.*

FAX COMPLETED FORM TO: 714-845-8424

ATTN: _____

CARDHOLDER - Please complete the following section and sign/date below

Guest / Group Name: _____

Check-In / Event Date: _____

Name of Person / Group: _____

Cardholder Name as it Appears on the Credit Card: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Type: (Circle One) Visa MasterCard American Express Discover

Credit Card Issuing Bank Name: _____

Bank Phone Number: (Printed on Back of Card) _____

I agree to cover the following categories of charges to my credit card: (Circle All that Apply)

All Charges Room & Tax Parking Incidentals Other: _____
Banquet / Catering Audio Visual Deposits Late Cancellation / No Shows / Attrition Fees / Cancellation Fee

DIRECT BILL ACCOUNT PAYMENTS ONLY: (For Direct Billing Customers Paying by Credit Card)

Name on Invoice/Statement: _____ Date on Invoice/Statement: _____

Address on Invoice/Statement: _____

City: _____ State: _____ Zip: _____

Invoice/Statement Number: _____ Authorized Amount: \$ _____

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

By signing below, you authorize the hotel to charge your credit card immediately for the authorized categories indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less deposits) will be charged to the above credit card number at the time of check-out or event conclusion.

Cardholder Signature: _____ Date: _____

HOTEL USE ONLY

Authorized Amount: \$ _____	Approval Code: _____	Date: _____
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