



## 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 202-756-5140*