

**HYATT REGENCY DENVER TECH CENTER  
CREDIT CARD AUTHORIZATION FORM**

Individual / Reservation / Group or Event Name:

Reservation Confirmation #:

Arrival / Event Dates:

Credit Card Billing Address:

City / State / Zip / Country:

Contact Phone #:

**I hereby authorize the following charges to be applied to the following credit card. Check all that apply:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Room & Tax      | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> Gift Certificate |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges       | <input type="checkbox"/> Guest Amenity    |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee       | <input type="checkbox"/> Parking          |

Other (Please specify)

**I authorize all specified charges to be settled through the following Credit Card. I understand that the above estimate may vary considerably based on final attendance confirmation or changes to the event.**

**The credit card listed below may be billed for the estimated charges TEN (10) DAYS prior to the event / reservation date, unless another form of payment has been received.**

Credit Card #:

Expiration Date:

Name on Card:

Phone #:

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this completed form to the Hotel Fax #: 303-714-4671**

Provided information will remain confidential and used only for the purposes as noted in this document. For a list of all hotels visit:

<http://www.hyatt.com/hyatt/site-mai.jsp>

Please advise credit limit per transaction if applicable: \$