

HOTEL SAN JOSÉ

Credit Card Authorization

* Please complete and return this form 24 hours prior to the guest arrival.

A copy of the front and back of the credit card must be sent in addition to this form. Please note that incomplete forms will not be processed. Please email a copy of all required documents to reservations@sanjosehotel.com or fax to (512) 852-2351.

I hereby authorize Hotel San Jose, Austin, Texas to charge my credit card for the charges initialed below:

Reservation Name _____

Confirmation Number _____

Arrival Date _____

Departure Date _____

I understand that the hotel will pre-authorize my credit card for the estimated amount of the charges.
(Please initial next to each item that you approve charges for.)

____ All Charges

____ Room & Tax (including no-show and late cancellation fees)

____ Food & Beverage

____ Retail

____ Mini Bar

____ Local and Long Distance Phone Charges

____ Other: _____

Credit Card Number _____

Expiration _____

Verification Number _____

Card Holders Name (as it appears on the card) _____

Card Holders Phone Number _____

Card Holders Billing Zip Code _____

Card Holders Signature _____

____ I warrant and represent that I am authorized to agree that the charges for this stay are posted to this credit card. *(Please initial.)*