

CREDIT CARD AUTHORIZATION FORM

Hotel:

**Hyatt Place and Hyatt Summerfield Suites do not accept this form.*

Individual/Business/Group or Event Name:

Reservation Confirmation Number:

Arrival or Event Date(s):

Credit Card Billing Address:

City / State / Zip / Country:

Contact Phone Number:

Contact Email Address:

**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"/> All Stay Charges |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Guest Amenity | <input type="checkbox"/> Other - see comments |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee | <input type="checkbox"/> Parking | |

I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):

Comments:

The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.

Credit Card Number:

Name on Card:

Expiration Date:

Cardholder Phone #:

Signature of Card Holder: _____

Current Date

- By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at privacy.hyatt.com

Please fax this completed form to:

Hotel Fax #:

+1 724 899 6149

Please transmit this form at least 72 hours prior to your planned arrival in order to ensure your request is processed.

For a list of all hotels and their contact information, please visit: <http://www.hyatt.com/hyatt/site-map.jsp>

All information is kept confidential and used only for the purposes as noted above.

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