



WALDORF  
ASTORIA®  
NEW YORK

## Gift-Card Credit Card Payment Authorization Form

2 of 2 pages

*Please complete all areas below. Incomplete requests may be rejected. Do not send completed form by email.*

FAX COMPLETED FORM TO: 1 (212) 872-7291

ATTN: GROUP SERVICES DEPARTMENT

DATE:

Guest Name:		
<b>HOTEL USE ONLY:</b>		
Authorized Amount:	Approval Code:	Date:

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

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number:		Expiration Date:
Credit Card Type: (Circle one) <input type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club		
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):

Amount to be immediately charged to credit card for the gift-card: \$

Final Balance Billed to Credit Card (hotel use only): \$

**By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above. You will also be charged for gift cards sent via Federal Express.**

Cardholder Signature:

Date: