

**Remington Hotels and Resorts**

**CREDIT CARD BILLING AUTHORIZATION**

Atlanta Crowne Plaza Perimeter @ Ravinia  
4355 Ashford Dunwoody Rd, Atlanta GA 30346

Phone: 770-395-7700  
Fax: 770-392-9864

CARDHOLDER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CARDHOLDER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ FAX #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATES: \_\_\_\_\_

**TYPE OF CREDIT CARD (circle one)**

AMERICAN EXPRESS

JCB

DISCOVER CARD

MASTERCARD

VISA

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**TERMS AND CONDITIONS**

The Cardholder agrees by their signature below that all charges incurred by the Cardholder at the above named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides another form of payment prior to departure from the Hotel. Cardholder understands that the Hotel will charge the credit card the estimated amount of function FIVE business days prior to the event. Cardholder further understands that this charge is subject to approval by the Hotel's Controller and/or General Manager. If, for any reason, this charge is not approved by the aforementioned Hotel representative, the Cardholder agrees to provide the Hotel with an Advance Deposit for the full amount of the estimated charges as determined by the Hotel. Such Advance Deposit will be made in one of the acceptable methods prescribed by the Hotel.

CARDHOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE CHECK & INITIAL CHARGES TO BE BILLED:**

Room & Tax \_\_\_\_\_

Valet \_\_\_\_\_

F&B \_\_\_\_\_

Banquet \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**FOR HOTEL USE ONLY**

GUEST/GROUP NAME: \_\_\_\_\_

EST. AMOUNT: \_\_\_\_\_

ARRIVAL/FUNCTION DATE: \_\_\_\_\_

AUTH. DATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

AUTH. AMT.: \_\_\_\_\_

RESERVATION/BOOKING #: \_\_\_\_\_

APPROVAL #: \_\_\_\_\_

HOTEL APPROVAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

(signature)