

THE PLACE TO MEET.

CREDIT CARD AUTHORIZATION FORM

This form must be completed, signed and accompanied by a copy of the front and back of the credit card noted below in order to process your request. We recommend that the card copy be enlarged and lightened.

I,, hereby authorize the Cro Plaza Chicago O'Hare to charge my personal / corporate credit card	owne for:
Today's Date Function Date(s)	
Group Name:	
Type of Card: MC VISA AMEXP Diners Discov	
Will the card holder be on site?:	
If no who will sign for charges:	
Credit Card #: Exp. Date:	
Name as Printed on the Card:	
Card Holders Signature:	
Address:	
City: State: Zip	
Telephone # Fax #	
Charges to be billed to this credit card:	
All Guest Room Charges Guest Room /Room & Tax Only Catering Function / Event C	harges
Hotel Representative:	