



CREDIT CARD AUTHORIZATION

Due to an increase in credit card fraud and protection of the card holder, please make sure this form is completed in its entirety -including attachment of all requested items. An incomplete or illegible form may result in non-approval. Completion of this letter does not guarantee approval of your request. All information is kept confidential and used only for the purposes as noted below.

You are hereby authorizing the Hilton Akron/Fairlawn to bill the indicated charges incurred by the individual(s) listed below (charges may be posted up to 72 hours prior to arrival). Signatures and copies of identification are to be clear and legible. Once completed please attach the following:

- 1.) Legible copy front and back of the credit card
2.) Legible copy of photo ID bearing signature

Please fax completed form to: 330-867-3448

LIST NAME(S) OF INDIVIDUALS/GROUPS YOU ARE AUTHORIZING US TO BILL TO YOUR CREDIT CARD

Table with columns: Name, Confirmation Number, Arrival/Departure Dates. Includes numbered rows 1-6 and a Comments field.

CHARGES YOU ARE AUTHORIZING

Form with three columns for charges: Room & Tax, Movies, Telephone; Beau's Grille, Banquet/Catering, Audio/Visual; All Charges, Other (Please Specify), Charges Not to Exceed.

If you are not covering all charges, your party must have a credit card to secure any remaining incidentals or overage.

INFORMATION AS IT APPEARS ON YOUR ACCOUNT

Form for account information: Last Name, First name, M.I., Address, Home Phone, Business/Cell Phone, Card Number, Card Type, Exp. Date. Includes a note: NOTE: DEBIT CARD AUTHORIZATION FREEZES FUNDS IN THE ACCOUNT UP TO 10 BUSINESS DAYS.

I authorize the Hilton Akron/Fairlawn to charge this credit card as indicated and any outstanding balance not covered by my indicated payment, in the event charges are not completely settled upon conclusion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail final folio to address above or Please email final folio to: \_\_\_\_\_