



**Credit Card Authorization Form**

\_\_\_\_\_ (Company),  
hereby authorizes Hilton Akron/Fairlawn to charge the credit card account in  
the amount not to exceed: \$ \_\_\_\_\_,

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder's Signature Date

As the credit card holder, I also authorize Hilton Akron/Fairlawn to charge  
my credit card for future event charges verbally approved by me.

Authorization Valid Until: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect your, our valued  
customers, from credit card fraud. Hilton Akron/Fairlawn will keep all information  
entered on this form strictly confidential.