



Credit Card Authorization Form Instruction Sheet

The attached document is our Credit Card Authorization form, and below are the instructions for completing the form:

1. We ask that you clearly fill in all the blanks on the Credit Card Authorization form. Each item is required for payment processing.
2. Please write your contact information, where you can be reached (i.e. telephone number and/or email address), in the event that the Hotel's accounting department cannot process payment.
3. Please be sure to indicate the specific charges to be placed on the credit card.
4. We also kindly ask that you provide a clear copy of State issued ID such as a driver's license.
5. Please **send a legible copy of both the front and the back of the credit card**. We ask that both the account number and credit card signature be clear. (for additional security please **do not** send state issued identification on the same page with the credit card copy).
6. Once you have filled out the below form, please fax the form **with copy of the credit card and state issued ID** to the Hotel Pennsylvania's Accounting Department at **212-502-8716**
7. In order to process the payment to the credit card, please submit your paperwork, within a **minimum of seventy-two (72) hours** prior to the guest's arrival or event date.
8. In the event that the Hotel Pennsylvania cannot process the payment, and the point of contact on the credit card authorization form cannot be contacted, your hotel guest will be charged upon arrival. Any guests without payment will not be permitted to check-in the Hotel.
9. If you should have any questions, please contact our Hotel Pennsylvania's Accounting Department at **212-736-5000 extension 8797**. If it is after hours or on the weekends please call 212-736-5000 and request to be connected to the Front Desk.

Credit information is collected for the purposes of account settlement. Information is kept secure and confidential and will not be disclosed to third parties without your consent or as required by law.

NEW YORK'S
**HOTEL
PENNSYLVANIA**
401 Seventh Avenue, New York, NY 10001

AUTHORIZATION TO CHARGE CREDIT CARD

CONFIRMATION #: _____ GUEST NAME: _____

Hotel Point of Contact or Sales Manager (if applicable) _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

NAME OF CARDHOLDER: _____

BILLING ADDRESS: _____

PHONE / FAX NUMBER : _____ / _____

EMAIL ADDRESS: _____

CREDIT CARD TYPE: VISA MASTERCARD AMEX DINERS DISCOVER JCB

LAST (5) DIGITS OF CARD NUMBER: _____ EXPIRATION DATE: _____

Individual reservations not cancelled 24 hours prior to check-in are subject to one night no-show charge. Not applicable to pre-paid groups.

Please use the credit card to pay for the charge(s) listed below:

- | | |
|--|--|
| <input type="checkbox"/> All Charges | <input type="checkbox"/> Banquet |
| <input type="checkbox"/> Room and Tax Only | <input type="checkbox"/> Room Only (Tax Exempt) |
| <input type="checkbox"/> Room, Tax & Baggage Only | <input type="checkbox"/> Room / Baggage (Tax Exempt) |
| <input type="checkbox"/> Room, Tax & Telephone | <input type="checkbox"/> Baggage Only |
| <input type="checkbox"/> Specific Dollar Amt (please specify) \$ _____ | |

I authorize the Hotel Pennsylvania to bill my credit card in advance to pay for the above specified charges. I agree to pay the above charges related to the above guest/event pursuant to card issuer agreement.

Card Holder's Signature: _____

Please fax completed form to Accounting Department at 212-502-8716. Please direct any additional inquires to 212-502-8797.¹

For Office Use Only	
Date:	Approval code:
Processed by:	Amount:

¹ Revision 08/22/08-A/R