CREDIT CARD AUTHORIZATION FORM

Hotel:			
Individual/Business/Grou	p or Event Name:		
Reservation Confirmation	Number:		
Arrival or Event Date(s):			
Credit Card Billing Addres	is:		
City / State / Zip / Country	:		
Contact Phone Number:	Contact Ei	mail Address:	
* A valid telephone number	and email are required as we will need reservation will be sul		eipt. If we are unable to do so, your
I hereby authorize the foll	owing charges to be applied to th	e following credit card. C	heck all that apply:
🗌 Room & Tax	City Tax	Gift Certificate	All Stay Charges
Food & Beverage	Only Specific Incidentals	All Banquet Charges	Guest Amenity
All Incidentals	Resort Services Fee	Parking	Other - see comments
	ed below may be billed for the estimat * Room and tax on individual bookings		
Credit Card Number:		Name on Card:	
Expiration Date:		Cardholder Phone #:	
Signature of Card H	older:		_ Current Date:
By submitting this form	refuse a credit card authorization as a forms received of forms received of n and any supporting documents, I confirm take with your Global Privacy Policy for Guests	n day of arrival.	use of the personal information I am
	Please fax this co	mpleted form to:	
	Hotel Fax #:		
	hotels and their contact information, pl	ease visit: https://www.hyatt.c	om/hyatt/site-map.jsp
For a list of all			
	formation is kept confidential and us	ed only for the purposes as r	noted above.