



A Union of Professionals

# AFT Convention 2022

## Credit Card Authorization Form for Hotel Reservations

This form has been created to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. **Please fax or email the completed form to Karen Zook at least 10 days prior to arrival.**

FAX COMPLETED FORM TO: **(202) 879-4558**

ATTN: **Karen Zook**

EMAIL COMPLETED FORM TO: **kzook@aft.org**

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

<b>Aloft Boston Seaport District</b>	<b>HOTEL</b> (check one)	<b>Renaissance Boston Waterfront Hotel</b>
<b>Element Boston Seaport District</b>		<b>Seaport Hotel</b>
<b>Hampton Inn Boston Seaport District</b>	<b>Omni Boston Hotel at the Seaport</b>	<b>The Westin Boston Seaport District</b>

Guest / Group Name (attach list if card covers multiple people):	
Check-In Date	Check-Out Date
Contact Person:	Phone:

### CARDHOLDERS - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime /Business Phone:		Evening Phone:		
Credit Card No.:	Expiration Date:	CSC/CVV #		
Credit Card Type: (Check one)	Visa/MasterCard	American Express	Discover	JCB Diners Club
I agree to cover the following categories of charges: (Please check all that apply)				
All Charges	Room & Tax	Food & Beverage	AV	Miscellaneous
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card on or before June 18. Any incidental charges circled above will be charged at the time of check-out.**

I certify that all information is complete and accurate and hereby authorize the AFT to e-sign on my behalf. I also hereby authorize my selected hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \$\_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) \_\_\_\_\_

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