



A Union of Professionals

# Credit Card Authorization Form

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 202-879-4558 or [kzook@aft.org](mailto:kzook@aft.org).** Form must be received at least 10 days prior to arrival.

## CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: \_\_\_\_\_

Card Type:            Visa                    MC                    Amex                    Diners/CB                    Discover                    JCB

Account Type:        Individual -        Debit /        Credit                    Corporate - Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC/CVV# \_\_\_\_\_

Address (statement): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Alternate Number: \_\_\_\_\_

## GUEST INFORMATION - Required

Guest Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:\* \_\_\_\_\_ Taxes:\* **15.95%** Total Daily Rate:\* \_\_\_\_\_ Number of Nights: \_\_\_\_\_

All Charges	Room & Tax	Telephone (LD)	Telephone (Local)	Restaurant
Room Service	Valet/Laundry	Parking	HS Internet Access	Movies

Other \_\_\_\_\_

I certify that all information is complete and accurate and hereby authorize the AFT to e-sign on my behalf. I also hereby authorize the Washington Hilton 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: \_\_\_\_\_