Education | Healthcare | Public Services

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 Tori Vaughn at 202-879-4558 or** tvaughn@aft.org. **Form must be received at least 15 days prior to arrival.**

CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: _____

Card Type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover

Account Type: ☐ Individual - ☐ Debit / ☐ Credit ☐ Corporate - Company Name: _____

Issuing Bank: _____ Phone: _____

Account Number: _____ Exp. Date: _____ CVC: _____

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:* $239 Taxes:* 17.5% + $3 Total Daily Rate:* $283.83 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 Hilton New Orleans Riverside 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: _____