

Georgetown Inn

West End

1121 New Hampshire Avenue, NW,
Washington, DC 20037

(202) 457- 0565 / (202) 331- 9421 (fax)
www.georgetowninnwestend.com

CREDIT CARD BILLING AUTHORIZATION

- FILL OUT THIS FORM COMPLETELY
- WITH LEGIBLE PHOTOCOPIES OF FRONT & BACK OF CREDIT CARD
- AND A PHOTOCOPY OF THE CREDIT CARD HOLDER'S ID
- FAX OR EMAIL BACK TO HOTEL

CARDHOLDER'S NAME:	CARDHOLDER'S PHONE/FAX NUMBER:	
CARDHOLDER'S STREET ADDRESS:	CARDHOLDER'S CITY/STATE/ZIP:	
CREDIT CARD NUMBER:	CREDIT CARD TYPE VISA CARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> CARTE BLANCHE <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>	EXPIRATION:

TERMS AND CONDITIONS

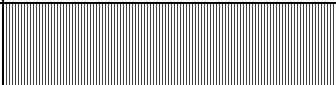
The Cardholder agrees by their signature below that certain charges incurred by the Cardholder at the above-named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides alternate form of payment prior to departure from the hotel. Cardholder must indicate which of the following charges are authorized to be levied to the credit card:

ROOM & TAX TELEPHONE PARKING OTHER _____

Cardholder understands that the Hotel will obtain prior approval from the credit card company for the estimated amount of the Cardholder's charges. Cardholder further understands that this authorization is subject to approval by the Hotel's controller and/or General Manager. If, for any reason, this authorization is not approved by the aforementioned representatives, the Cardholder agrees to provide the Hotel with an advance deposit of the full amount of estimated charges as determined by the Hotel. Such advance deposit will be made in one of the acceptable methods prescribed by the Hotel.

CARDHOLDER'S SIGNATURE

DATE:

GUEST/GROUP NAME:	DATE(S) OF USE:	ESTIMATED AMOUNT:
AUTHORIZED AMOUNT:		CONFIRMATION NUMBER(S):
CARDHOLDER/AUTHORIZED BY:	TITLE:	DATE: