



## Credit Card Authorization Form

I, \_\_\_\_\_, of \_\_\_\_\_  
(Print Contact Name) (Corporation/Group Name)

Hereby authorize the :

Hampton Inn, Princeton to charge my \_\_\_\_\_ credit card account  
(Card Type)

for full payment of incurred charges checked below:

Guest Room & Tax Only    Guest Room All Charges    Incidentals  
 Meeting Room    Audio Visual

Guest/Group arrival date: \_\_\_\_\_ Guest/Group Departure Date: \_\_\_\_\_

Guest Name(s)/Group Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
(Where statements are mailed)

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Card Holders Name (Print): \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_

*In the event that you select to depart from the hotel without completing your payment requirements, we will charge the above credit card account for the full amount of your charges, incidentals and/or damages if applicable.*

*We must receive this authorization upon signed contract and prior to your arrival. Please fax us this form along with a clean copy of the front and back of the credit card and a copy of the card holder's valid driver's license with name matching the card.*

**Return Fax (609) 951-8666**

Phone (609) 951-0066

4385 US 1 - Princeton, NJ 08540