

CREDIT CARD AUTHORIZATION FORM

Homewood Suites Princeton

3819 US Highway 1

Princeton, NJ 08540

Tel 609-720-0550

Fax 609-720-0551

Please complete all areas below. Incomplete requests may be rejected. This form must be at least 5 days prior to check-in or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

FAX FORM TO :609-720-0551 ATTN: _____

HOTEL USE ONLY

DATE: _____

Guest/Group Name:		
Check-In/Event Date	Confirmation/Event Number:	
Name of Person Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER – Please complete the following section and sign/date below:

Cardholder Name as it Appears on Credit Card:		
Credit Card Billing Address:		
City:	State:	Zip Code:
Daytime Phone:	Evening Phone:	
Credit Card Number:	Expiration Date:	
Credit Card Type: (circle one)	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Dinners Club <input type="checkbox"/> Discover <input type="checkbox"/> JCB	
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card)	
I agree to cover the following categories of charges (Please circle): All Charges Room & Tax Food & Beverage Retail Recreation I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		

Note: Charges for room/tax or group deposits will be charged to your credit card immediately. Any incidentals charges credited above will be charged at the time of check-out.

Hotel Use Only – Deposit to be immediately charged for room/tax or group event \$ _____

By signing below, you authorize the hotel to charge your credit card up to the "Maximum Amount" indicated above. You further acknowledge that all guests/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature _____ Date: _____