



HILTON NEW YORK

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to Event Date to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: 212-261-5934

ATTN: Kerri Flynn

FOR HOTEL ONLY:

Guest / Group Name:	CareerMD Career Fair	
Check-In / Event Date:	January 19, 2012	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Exhibitor Name & Company:	
Cardholder Name as it Appears on Credit Card:	
Cardholder Billing Address:	
Daytime /Business Telephone:	
Credit Card Number:	Expiration Date:
Credit Card Type: (Circle one)	
<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club	
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):

Note: All incoming and outgoing shipping charges will be charged to your credit card.

Expected Amount of Packages to be Shipped to hotel: _____

Expected Amount of Packages to be Shipped from hotel: _____

By signing below, you authorize the hotel to charge your credit card immediately for all shipping charges indicated above.

Cardholder Signature: _____

Date: _____