



CREDIT CARD AUTHORIZATION

Due to an increase in credit card fraud and protection of the card holder, please make sure this form is completed in its entirety -including attachment of all requested items. An incomplete or illegible form may result in non-approval. Completion of this letter does not guarantee approval of your request. All information is kept confidential and used only for the purposes as noted below.

You are hereby authorizing the Doubletree Akron/Fairlawn to bill the indicated charges incurred by the individual(s) listed below (charges may be posted up to 72 hours prior to arrival). Signatures and copies of identification are to be clear and legible. Once completed please attach the following:

- 1.) Legible copy front and back of the credit card
2.) Legible copy of photo ID bearing signature

Please fax completed form to: 330-869-8325

LIST NAME(S) OF INDIVIDUALS/GROUPS YOU ARE AUTHORIZING US TO BILL TO YOUR CREDIT CARD

Table with 3 columns: Name, Confirmation Number, Arrival/Departure Dates. Includes numbered rows 1-6 and a Comments section.

CHARGES YOU ARE AUTHORIZING

Form for authorizing charges with fields for Room & Tax, Movies, Telephone, Bricco's Charges, Banquet/Catering, Audio/Visual, All Charges, Other (Please Specify), and Charges Not to Exceed.

If you are not covering all charges, your party must have a credit card to secure any remaining incidentals or overage.

INFORMATION AS IT APPEARS ON YOUR ACCOUNT

Form for account information with fields for Last Name, First name, M.I., Address, Home Phone, Business/Cell Phone, Card Number, Card Type, and Exp. Date. Includes a note about debit card authorization.

I authorize the Doubletree Akron/Fairlawn to charge this credit card as indicated and any outstanding balance not covered by my indicated payment, in the event charges are not completely settled upon conclusion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail final folio to address above or Please email final folio to: \_\_\_\_\_