



Hilton Philadelphia at Penn's Landing Credit Card Authorization Form

Guest Names(s):

Function Name:

Guest Reservation Confirmation Number:

Guest / Group Dates:

Name of Business (if applicable):

Credit Card Billing Address:

Phone Number:

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

<input type="checkbox"/>	Full Payment	<input type="checkbox"/>	Room & Tax	<input type="checkbox"/>	Only Specific Incidentals	<input type="checkbox"/>	Gift Certificate
<input type="checkbox"/>	Direct Bill Guarantee	<input type="checkbox"/>	Food & Beverage	<input type="checkbox"/>	All Banquet Charges	<input type="checkbox"/>	Guest Amenity
<input type="checkbox"/>		<input type="checkbox"/>	All Incidentals	<input type="checkbox"/>	Other – See Comments	<input type="checkbox"/>	Parking

Other / Comments: \$5.00 per Box / \$150.00 per Pallet _____

I hereby authorize the following amount to be applied to the credit card: _____

Credit Card Number:

SVC Code:

Expiration Date:

Name as it Appears on Card:

Amount Authorized:

	___ Credit Card
	___ Debit Card

Signature of Card Holder: _____

Please fax or email this completed form to:
Hotel Fax # 215.521.6600