



Credit Card Authorization Form

This form has been created to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. **Please fax or email the completed form to Karen Zook at 202-879-4558 or kzook@aft.org.**
Form must be received at least 10 days prior to arrival.

CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: _____

Card Type: Visa MC Amex Diners/CB Discover JCB

Account Type: Individual - Debit / Credit Corporate - Company Name: _____

Issuing Bank: _____ Phone: _____

Account Number: _____ Exp. Date: _____ CSC/CVV# _____

Address (statement): _____

City, State, Zip: _____

Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION - Required

Guest Name: _____

Address: _____

City, State, Zip: _____

Company: _____

Arrival Date: _____ Departure Date: _____

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:* _____ Taxes:* **15.95%** Total Daily Rate:* _____ Number of Nights: _____

All Charges	Room & Tax	Telephone (LD)	Telephone (Local)	Restaurant
Room Service	Valet/Laundry	Parking	HS Internet Access	Movies
Other _____				

I certify that all information is complete and accurate and hereby authorize the AFT to e-sign on my behalf. I also hereby authorize the Washington Hilton to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \$ _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____