

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 202-879-4476 or kzook@aft.org.
Form must be received at least 10 days prior to arrival.

CARDHOLDER INFORMATION - Required

Name as it appears or	the credit/debi	t card:					
Card Type:	Visa	MC	Amex	Diners/CB	Discover	JCB	
Account Type:	Individual -	Debit /	Credit Co	rporate - Company Nan	me:		
Issuing Bank: _				Phone:	·		
Account Number:				Exp. Date:	CSC/CV	V#	
Address (statement):							
City, State, Zip:							
Phone Number:				or Alternate Number:			
GUEST INFORMA	ΓΙΟΝ – Requi	red					
Guest Name:							
Address:							
City, State, Zip:							
Company:							
	Arrival I	Date:	Depart	ture Date:			
RATE INFORMATI	ON AND APP	POVED CHA	PCFS - Paguired				
Room Rate:*		xes:* 15.959		ate:*	Number of Nigh	nts:	
All Charges	Roo	m & Tax	Telephone (LI			Restaurant	
Room Service	e Vale	et/Laundry	Parking	HS Interne	t Access	Movies	
Other							
I also hereby auth Information and a listed above. Cha	norize the Wapproved Charges must root of the complete the complete the complete the way and the way are the way and the way are the way a	ashington Harges section exceed to texted if guest	filton to collect payon of this form by \$ for this to extend the collection of the collection o	eby authorize the Alement for all charges processing a charge or the entire stay/ed his/her stay. I ce	s as indicated in ge to the credit, event. I underst	n the Rate /debit card and that a new	
Cardholder Name: (Pr	inted)						
Cardholder Signature	:			Date:			