



CROWNE PLAZA®

TIMES SQUARE MANHATTAN

1605 Broadway • New York, NY 10019 • Phone (212) 977-4000

CREDIT CARD AUTHORIZATION FORM

Please complete the information below and fax back to our Finance Department fax # **(212) 315-6165**
Attention to: _____ (PLEASE DO NOT EMAIL THIS FORM)

Today's date: _____

THE CROWNE PLAZA TIMES SQUARE MANHATTAN HOTEL HAS AUTHORIZATION TO CHARGE THE FOLLOWING CREDIT CARD SOLELY FOR THE PURPOSE OF:

Guest (s) Name: _____

Arrival Date: _____ Departure Date: _____ Conf #: _____

_____ ALL CHARGES

_____ ROOM & TAX ONLY

OTHER CHARGES (Please specify) _____

I am providing the **CROWNE PLAZA TIMES SQUARE MANHATTAN HOTEL** with the Credit Card information below in order to pay DEPOSIT/FULL PAYMENT for the charges incurred by my organization or guest. By signing below and submitting for payment, I acknowledge acceptance of the terms & conditions

Signature of Card Holder

To be filled out by the Card HolderPlease attach a legible photocopy of the cardholder's picture ID****

American Express Visa Discover Master Card Diners Club JCB

Credit Card # _____ Exp _____

Name as it appears on card: _____

Company name: _____

Credit Card Statement Address: _____

Phone # _____ Fax # _____

(This form is subject to its authenticity)

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT THIS IS NOT A WAIVER OF ANY PRIVILEGE, THAT YOU ARE NOT AUTHORIZED TO REVIEW THE FOLLOWING PAGES, AND THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY PHONE AND RETURN THIS ORIGINAL TRANSMISSION TO US BY MAIL AT THE ADDRESS ABOVE OR BY FAX TO THE FAX # ABOVE. THANK YOU!