

# R RENAISSANCE® HOTELS

144 State Street  
Albany, NY 12207

## CREDIT CARD AUTHORIZATION FORM

Event/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Arrival/Event Date(s): \_\_\_\_\_

Confirmation/BEO #: \_\_\_\_\_

Services Authorized:	Food	Beverage
(Circle all that apply)	Audio Visual	Meeting Room Rental
	Parking	Overnight Room(s)

Credit Card Type:      Visa    Master Card    American Express    Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Onsite Contact: \_\_\_\_\_

Onsite Contact Phone: \_\_\_\_\_

Onsite contact has authorization to add the following charges to bill if needed:

\_\_\_\_\_ None      \_\_\_\_\_ Food      \_\_\_\_\_ Beverage      \_\_\_\_\_ Audio Visual

Comments: \_\_\_\_\_

\_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

