

CREDIT CARD AUTHORIZATION



11 West 26th Street, Chicago, IL 60616

Phone: 312-225-7000

Fax: 312-225-2396

Internet: www.chicagosouthloophotel.com

DATE: _____

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

TELEPHONE #: _____

COMPANY NAME: _____

(Circle One)

CREDIT CARD TYPE: AMEX MASTERCARD VISA DINERS CLUB DISCOVER

CREDIT CARD #: _____

EXPIRATION DATE: _____

DATES OF STAY/FUNCTION: ____ / ____ / ____ TO ____ / ____ / ____

GUEST NAME: _____

GROUP NAME: _____

The undersigned authorizes the Chicago South Loop Hotel to charge the following expenses to the above listed credit card; (INITIAL APPROPRIATE ITEMS). The undersigned also understands and agrees that the above listed credit card may be charged in advance for the estimated amount authorized. Any remaining balance not used will be credited back to the credit card.

GUEST ROOMS:

All Charges: _____

Room & Tax: _____

Parking: _____

BANQUET & MEETINGS:

Catering Food & Beverage: _____

Meeting Related Charges: _____

Parking: _____

INCIDENTAL CHARGES:

Food: _____

Beverage: _____

Telephones: _____

Movies: _____

GUARANTEE ONLY: _____

Please initial here if a
Supplemental rooming list is
to be submitted: _____

SIGNATURE OF CARDHOLDER: _____

TITLE *(If Applicable)*: _____

PLEASE SUBMIT A LEGIBLE COPY OF BOTH SIDES OF THE CREDIT CARD TO BE CHARGED AND A COPY OF A PICTURE IDENTIFICATION OF THE CARDHOLDER (i.e., DRIVER'S LICENSE).

If you request a limit for the above listed charges, note the
Maximum amount to be charged here:

\$ _____