

From:

03/27/2013 13:07

#131 P.001/001



Hilton Garden Inn Rockville-Gaithersburg
14975 Shady Grove Rd. Rockville, M.D
Tel: (240)-507-1800 Fax: (240)-314-7120

CREDIT CARD AUTHORIZATION FORM

NAME OF CARDHOLDER: _____	TYPE OF CREDIT CARD: MC
CREDIT CARD NUMBER: _____	Expiration Date: _____ CVC: _____
BILLING ADDRESS: 205 East B Street, Jenks, OK 74037	
TELEPHONE NUMBER: 918-299-4415	FAX NUMBER: _____ E-MAIL: _____
GROUP/COMPANY NAME: Jenks Public Schools	DATES: _____

Guest Details

Guest name(s): _____

Date of arrival: _____ Departure Date: _____

Confirmation Number(s) 3517252562 Room Rate: \$175/night -Malcolm Baldrige Group Code - MB2

I, _____ hereby authorize the Hilton Garden Inn Rockville-Gaithersburg to charge my credit card for the following charges:

1. _____ DEPOSIT AMOUNT OF: \$ _____
2. _____ ALL CHARGES
3. ROOM AND TAX ONLY
4. _____ MEETING ROOM RENTAL
5. _____ FOOD AND BEVERAGE
6. _____ OTHER CHARGES: _____

NOTE: In order for this authorization to be processed, clear copies of the front and back of the credit card as well a copy of the cardholder's picture ID, must be attached.

AGREEMENT & RELEASE:

I (We) agree to pay for the charges incurred upon receipt of the credit card statement. In the event of any discrepancy in the account, you must notify us in writing within ten (10) days after receipt of your credit card statement. I (We) agree to be liable for all collection costs and legal fees incurred by Hotel in the collection of these charges in the event of a chargeback from the credit card company. I (We) expressly authorize the Hilton Garden Inn Rockville-Gaithersburg to charge the credit card mentioned above in payment for hotel and food & beverages services rendered. I (We) hereby agree to release, indemnify, defend and hold harmless Hotel and any or all other persons or entities, including without limitation those providing information, from any and all liability, for losses, claims, injuries, liabilities, and damages of whatever kind of nature, whether known or unknown, including without limitation those based upon defamation, invasion of privacy, and rights of publicity and personality, which may at any time arise or accrue to me (us) or my (our) heirs, successors, parents, subsidiaries, assigns, officers, directors, employees, agents or other persons or entities claiming by or through us, on account of provision of such information or reliance on such information or on other information gathered pursuant thereto and hereto. I (We) hereby authorize this Credit Card Authorization Form and release to be shown and delivered to such persons, with a copy of this Credit Card Authorization Form and release to be valid as the original. In the event that an authorization is declined by your credit card company, all charges must be paid in cash or by cashier check only.

Authorized Signature: _____

Date: _____