



Cardholder Information - Required

Name as it appears on the credit/debit card:

Card Type: Visa MC Amex Diners/CB Discover JCB

Account Type: Personal Corporate

Issuing Bank: _____ Phone #: _____

Credit Card #: _____ Exp. Date: _____

Billing Address: _____

City, State & Zip: _____

Phone #: _____ Fax or alternate #: _____

Function Information

Company Name: _____

Function Date: _____

Deposit Amount: _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Fax or alternate #: _____

Rate Information and Approved Charges - Required

I authorize ALL Meeting Room Charges (Room Rental, Food Requirements, Audio Visual, Cancellation, Attrition, & Taxes)

I certify that all information is complete and accurate. I hereby authorize The Cambria Suites Washington, D.C. to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I understand that a new form will have to be completed for any changes necessary. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

Cambria Suites Washington, D.C. / Convention Center
899 O Street NW Washington, D.C. 20001

T 202.299.1188 F 202.299.1167