



Please sign/ date the form. All fields must be completed. Any omissions may restrict our ability to process the authorization. Do NOT send photocopy of the credit card with this form- this is against credit card company regulations.

Cardholder Information

Name as it appears on the credit/debit card: _____

Card Type: Visa MC Amex Diners/CB Discover JCB

Account Type: Personal Corporate | Company Name: _____

Issuing Bank: _____ Phone #: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

City, State and Zip: _____

Phone Number: _____ Fax or Alternate number: _____

Guest Information

Guest Name: _____

Address: _____

City, State and Zip: _____

Company/ Group: _____

Phone Number: _____ Fax or Alternate umber: _____

Confirmation #: _____ Arrival Date: _____ Departure Date: _____

Relationship: Relative Friend Business Associate Other:

Guest Name: _____

Guest Signature: _____ Date: _____

Rate Information and Approved Charges

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

All Charges Room & Tax Telephone Market Items Restaurant/Bar

Alcohol Valet (Laundry) Parking HSIA Estaurant/Bar

I certify that all information is complete and accurate. I hereby authorize The Cambria Suites Washington DC Convention Center 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. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend their stay. I certify that I am the authorized signer of the card listed above.

Cardholder Name: _____

Cardholder Signature: _____ Date: _____