



Hilton Salt Lake City Center
255 South West Temple Salt Lake City, Utah 84101

Credit Card Payment Authorization Form

This form authorizes Hilton Salt Lake Center to charge your credit card in the amount of \$60 per reservation. Please put your total charge (#of guests x \$60) in the "Maximum Amount" line, and fill in your credit card information. Return this form no later than 12pm on July 15, 2013. For more information please contact Sara Hiatt at (801) 535-6035.

MAIL COMPLETED FORM TO: Sara Hiatt, PO Box 145488, Salt Lake City, Utah 84114

EMAIL COMPLETED FORM TO: sara.hiatt@slcgov.com

FAX COMPLETED FORM TO: 801-535-6131

ATTN: Sara Hiatt

HOTEL USE ONLY:

Date:

Authorized Amount:	Approval Code:	Date:
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CARDHOLDER - Please complete the following section and sign/date below.

Guest / Group Name: Salt Lake City & Matsumoto 55 th Anniversary Banquet				
Check-In / Event Date: July 22, 2013				
Name of Person/Group Making Reservation: Tomoko Moses			Phone: N/A	
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:		State:		Zip:
Daytime /Business Telephone:			Evening Telephone:	
Credit Card Number:			Expiration Date:	
Credit Card Type: (Circle one)				
Visa/MasterCard	American Express	Discover	JCB	Diners Club
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle)				
Parking	Telephone	Internet	Movies	Room & Tax
			All Function Charges	<u>Food & Beverage</u>
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)				
Name on Invoice/Statement <u>N/A</u>			Date on Invoice/Statement <u>N/A</u>	
Invoice/Statement Number <u>N/A</u>			Authorized Amount \$ <u>N/A</u>	

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____