



CREDIT CARD AUTHORIZATION FORM HAMPTON INN BROOKLYN-DOWNTOWN

125 Flatbush Ave Extension Brooklyn NY 11201

Tel: 718-875-8800

Fax: 718-875-4400

Individual/Business/Group/ or Event Name: _____

Reservation Confirmation Number: _____

Arrival or Event Dates: _____

Name of Credit Card Holder: _____

Credit Card Billing Address: _____

City/ State/ Zip/ Country: _____

Contact Phone Number: _____ Contact Email Address: _____

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- Room & Tax
- Food & Beverage
- Parking
- All Incidentals

I hereby authorize the following amount to be applied to the credit card (applicable sales tax and service charges may apply): \$ _____ Cardholder Signature _____

Comments:

The credit card listed below may be charged Ten (10) days prior to the event/reservation date.

Credit Card Number: Expiration Date: Security Code:

Please fax this completed form; a copy of the Card Holder's ID & Front and Back copies of the Credit Card