



## Holiday Inn by IHG - Chicago Northwest Schaumburg

### Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date on the Group/Meeting Agreement, to ensure acceptance of the credit card to be charged. For the security of the cardholder we do not recommend sending the completed form by email. Please include front of valid Driver's License for the name of the individual listed on the credit card. It's best to enlarge and lighten the identification to allow for clear fax transmission.

**FAX Completed Form To: 847-885-0404**

**Attention: Guest Services Department**

**Date:** \_\_\_\_\_

Guest Name and/or Group Name:		
Check-In Date and/or Event Date:		
Name of Person/Group Making Reservation:	Phone:	
<b>Authorized Amount:</b>	<b>Approval Code:</b>	<b>Date:</b>

#### **CARDHOLDER - Please complete the following section and sign/date below.**

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:			Credit Card Company Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle)				
<b>Guest Related:</b> All Charges      Room & Tax      Dry Cleaning      Telephone Calls      Movies				
I agree to cover the above guest related categories of charges up to a Maximum Amount of \$ _____				
<b>Event Related:</b> All Charges      Meeting Room Rental      Audio Visual Fees				
I agree to cover the above event related categories of charges up to a Maximum Amount of \$ _____				
<b>DIRECT BILL ACCOUNT PAYMENTS ONLY:</b>				
Name on Invoice/Statement _____			Date on Invoice/Statement _____	
Invoice/Statement Number _____			Authorized Amount \$ _____	

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

Amount to be immediately charged to credit card for room and taxes or deposit: \$ \_\_\_\_\_

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: \_\_\_\_\_