

# CREDIT CARD AUTHORIZATION FORM

Hotel:

Individual/Business/Group or Event Name:

Reservation Confirmation Number:

Arrival or Event Date(s):

Credit Card Billing Address:

City / State / Zip / Country / Region:

Contact Phone Number:  Contact Email Address:

*\* A valid telephone number and email are required as we will need to contact you to confirm receipt. If we are unable to do so, your reservation will be subject to cancellation.*

**I hereby authorize the following charges to be applied to the following credit card. Check all that apply:**

- |                                                                 |                                                    |                                               |
|-----------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Room & All Applicable Taxes | <input type="checkbox"/> Gift Certificate          | <input type="checkbox"/> All Stay Charges     |
| <input type="checkbox"/> Food & Beverage                        | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> All Banquet Charges  |
| <input type="checkbox"/> All Incidentals                        | <input type="checkbox"/> Resort Services Fee       | <input type="checkbox"/> Parking              |
|                                                                 |                                                    | <input type="checkbox"/> Guest Amenity        |
|                                                                 |                                                    | <input type="checkbox"/> Other - see comments |

**I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):**

*\*In Australia: An additional service fee will apply to the total stay account when paying by AMEX, Diners and all other credit cards upon departure (excluding Park Hyatt Sydney). Refer to the hotel's website for more details.*

Comments:

*\* The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.  
\* Room and tax on individual bookings will be charged 72 hours in advance.*

Credit Card Number:  Name on Card:

Expiration Date:  Cardholder Phone #:

Signature of Card Holder: \_\_\_\_\_ Current Date:

*\* Hotel reserves the right to refuse a credit card authorization as a valid method of payment for same day bookings or authorization forms received on day of arrival.*

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at [privacy.hyatt.com](http://privacy.hyatt.com)

**Please fax this completed form to:**

Hotel Fax #:

For a list of all hotels and their contact information, please visit: <https://www.hyatt.com/hyatt/site-map.jsp>

**All information is kept confidential and used only for the purposes as noted above.**



PARK HYATT

M/RAVAL

GRAND HYATT



HYATT

ANDAZ

HYATT CENTRIC

