



CREDIT CARD AUTHORIZATION FORM

This form must be completed, signed and accompanied by a copy of the front and back of the credit card noted below in order to process your request. We recommend that the card copy be enlarged and lightened.

I, _____, hereby authorize the Crowne Plaza Chicago O'Hare to charge my personal / corporate credit card for:

Today's Date _____ Function Date(s) _____

Group Name: _____

Type of Card: MC VISA AMEXP Diners Discover

Will the card holder be on site?: YES NO

If no who will sign for charges: _____
PLEASE PRINT

Credit Card #: _____ Exp. Date: _____

Name as Printed on the Card: _____
PLEASE PRINT

Card Holders Signature: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone # _____ Fax # _____

Charges to be billed to this credit card:

All Guest Room Charges Guest Room /Room & Tax Only Catering Function / Event Charges

Hotel Representative: _____ / _____