

Crowne Plaza Columbus North

6500 Doubletree Avenue
Columbus, OH 43229

Credit Card Authorization

Group Name: _____

Function Dates: _____

I, the undersigned, do hereby give the Crowne Plaza Columbus North the authority to charge the credit card listed below for the following initialed items. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all agreed upon initialed charges and any and all collection/legal fees.

Authorized charges to credit card (*please initial all acceptable charges*):

All Charges	_____	Movies	_____
Room/Tax Charges Only	_____	Deposit	_____
Restaurant Charges	_____	Catering Charges	_____
Lounge Charges	_____	Meeting Room Rental	_____
Parking: Valet Charge	_____	A/V Rental	_____
Self-Charge	_____	Other (Please Specify)	_____

Credit Card Information

Please sign this form, **include a copy of the driver's license of the cardholder** and return this form by fax to 614-885-7222.

****Note** – Credit card will be authorized for estimated charges 3 days prior to date of function.

Authorized by: _____

(*Must be signed by person whose name appears on the credit card.*)

Address _____ City _____ ST _____ Zip _____

Phone Number: _____ E-Mail Address: _____

The following information will be kept in a secure location and shredded upon guest departure.

Cardholder Name (Please Print): _____

Date _____ Personal Card _____ Company Card _____

CC# _____ Exp. Date _____

Thank you for choosing the Crowne Plaza Columbus North for your events!