



Credit Card Authorization Form

Please Print Legibly

Card Holder's Name: (Exactly as it appears on the credit card) _____		
Credit Card Number: _____	Exp. Date: _____	CSV: _____
Card Holder's Signature: _____		
Credit Card Billing Address : _____		
City: _____	State: _____	Zip Code: _____
Contact Number: _____	Email: _____	

Complete when paying for Catering / Banquet Event

Event / Group Name: _____ Event Date(s) _____

Complete when paying for Guest Room Charges

Guest Name: _____ Arrival: _____ Departure: _____

Guest Name: _____ Arrival: _____ Departure: _____

Guest Name: _____ Arrival: _____ Departure: _____

Guest Name: _____ Arrival: _____ Departure: _____

Check all applicable items

GUEST ROOMS	CATERING / BANQUET EVENT
<input type="checkbox"/> All charges signed to guest room	<input type="checkbox"/> All Charges
<input type="checkbox"/> Guest room and tax only	<input type="checkbox"/> Deposit \$ _____
<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	
*Full amount will be charged prior to check-in *any declined transactions will immediately void this form	
*Registered guest must present a form of payment for any other charges incurred during stay	
*Completed form will not be accepted if information provided cannot be verified	

****Please return completed form along with a copy of the cardholder's legible photo ID and a legible copy of the credit card front and back. Form must be received within 5 business days.***

To protect you, the cardholder, we require the above information before we can make charges to your credit card. This form and signatures serve to designate this credit card as secured method of payment for the purpose of guaranteeing the contract, relevant cancellation fees and attrition clauses contained in it as well as payment of the appropriate charges as outlined in the original contract as agreed by Client. You are also authorizing the Crowne Plaza Foster City-San Mateo to pre approve the estimated charges ten (10) days prior to your Event/Group/ Rooms including the remaining balance at the end of the Event/Group/ Rooms.

For office use only

Date received _____ Processed by/Date: _____

Billing Address Ver(thru CC system): _____ Receipt sent: _____

MOD approval signature _____ MOD approval reason _____

1221 Chess Drive, Foster City CA 94404
 Accounting Fax: 650.349.4195
 Accounting Email: accounting@cpfcc.com