



CRESCENT
HOTELS & RESORTS

Credit Card Authorization Form

I, _____ hereby authorize the Hilton Crystal City to utilize my credit card to guarantee payment for the below stated service, function or event. I fully understand that my card will be charged for the following: **(please mark)**

- All charges (this includes room, tax, phones, restaurant etc.)

– Room and Tax Only

– Other _____

Please return this form back with a front copy of the credit card.

Hilton Crystal City

(Please Print)

Name of Guest: _____

Date(s) of Stay: _____

Confirmation Number: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Holders Signature: _____

Address: _____

City, State, Zip: _____

Please fax this form to (703) 414-0585 or call (703) 418-6800 for other instructions. Fax number referenced above is a secured line. Access to any submitted forms is restricted to Monday-Friday.