



# CROWNE PLAZA®

## DENVER

### Credit Card Authorization Form

*Please complete this form in its entirety. Incomplete requests may be rejected. Please return this form via fax to the number listed at the bottom of this page. Do not submit this form by email; if you require an email compliant version of this form, please contact the hotel directly. All information provided is **CONFIDENTIAL** and used only for the purposes noted below.*

Individual or Group/Event Name(s):

Confirmation/Invoice Number(s) (if applicable):

Arrival or Function Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

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

- |                                       |                                       |                                    |  |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> All Charges  | <input type="checkbox"/> Restaurant   | <input type="checkbox"/> Telephone | <input type="checkbox"/> Banquet/Catering Charges        |
| <input type="checkbox"/> Room and Tax | <input type="checkbox"/> Room Service | <input type="checkbox"/> Movies    | <input type="checkbox"/> Specific Amount (specify below) |
| <input type="checkbox"/> Parking      | <input type="checkbox"/> Lounge       | <input type="checkbox"/> Laundry   | <input type="checkbox"/> Other (specify below)           |

Comments:

Credit Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder name (as it appears on card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Phone/Fax Number: \_\_\_\_\_

*I acknowledge that all information is complete and accurate. I hereby authorize the Crowne Plaza Denver to collect payment for the charges indicated on this form by processing a charge to the credit card listed above. I certify that I am authorized to sign for charges to the credit card provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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