

Credit Card Authorization Form

Please complete this form in its entirity. 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):					
I hereby authorize the following charges to be applied to the following credit card. Check all that apply:					
	All Charges	Restaurant	Telephone	☐ Banquet/Catering Charges	
	Room and Tax	☐ Room Service	☐ Movies	Specific Amount (specify below)	
	Parking	Lounge	☐ Laundry	Other (specify below)	
Comments:	икамонто-водила (ЭН2-К-тург) жинега вспуталеност инстицест	tandak kirindak di dalah digan digangkan meganapan kanan kanan kemanan di danasa di tandara sebahan sebahan di	tanan dan bah-dahada penggun dan sam samulan kulan dan kumun penggunan dan bahada	Made in Manufacture and Control of Manufacture a	M SMENU SPECIO AND MENUFICIAN T
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Credit Card	d Number:			Exp. Date	
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Cardholder name (as it appears on card):					
Card Billing Address:					
Out Dining Address.					
City/State/Zi	ip Code:			ALL LAND AND AND AND AND AND AND AND AND AND	
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:	