



Doubletree by Hilton Akron/Fairlawn 3150 West Market Street Akron, Ohio 44333
CREDIT CARD AUTHORIZATION

Due to an increase in Credit Card Fraud and protection of the card holder, we must request this form be completed in entirety, including attachment of all request items. Failure to complete any of these will result in non-approval. In addition, please be aware the completion of this letter does no ensure approval of your request. Thank you for your cooperation.

You are hereby authorizing the Hilton Akron/Fairlawn to bill the indicated charges of the individual(s) listed below (charges may be posted 72 hours prior to arrival). Please be certain all signature requests and copies of identification are clear and legible. Illegible information will result in non-approval of this request. Once completed please attach the following:

- 1.) Legible copy front and back of the credit card and front of photo ID bearing signature
- 2.) Please fax completed form to: **330-869-8325**

LIST NAME(S) OF INDIVIDUALS/GROUPS YOU ARE AUTHORIZING US TO BILL YOUR CREDIT CARD

Name	Confirmation Number	Arrival/Departure Dates
1.) _____		
2.) _____		
3.) _____		
4.) _____		
5.) _____		
6.) _____		
Comments: _____		

CHARGES YOU ARE AUTHORIZING:

Room and Tax: _____	Beau's Grille: _____	All Charges: _____
Movies: _____	Banquet/Catering: _____	Other (Please specify): _____
Telephone: _____	Audio Visual: _____	Charges Not to Exceed: \$ _____

Please be advised, if you are not covering all charges your party must have a credit card secured for any remaining incidentals or overage.

INFORMATION AS IT APPEARS ON YOUR ACCOUNT:

Last Name: _____	First name: _____	M.I.: _____
Address: _____		
Home Phone: _____	Business/Cell Phone: _____	
Card Number: _____	Card Type: _____	Exp. Date: _____

NOTE: DEBIT CARD AUTHORIZATION FREEZES FUNDS IN THE ACCOUNT UP TO 10 BUSINESS DAYS.

I authorize the Doubletree by Hilton Akron/Fairlawn to charge this credit card as indicated and any outstanding balance not covered by my indicated payment, in the event charges are not completely settled upon conclusion.

Signature: _____ Date: _____

Please mail final folio to address above

Please email final folio to: _____