

Credit Card Authorization Form

_____ ,

authorize The Broadway @ Times Square Hotel to charge the following:

- Room and Taxes
- All Charges
- Only Incidentals

Front of Credit Card

Back of Credit Card

Guest Information:

Name on Reservation: _____
Arrival Date: _____ Departure Date: _____
Confirmation #: _____
Rate: _____

Credit Card Information:

Name of Company: _____
Cardholder Name: _____
Billing Address of the Credit Card Holder:

Credit Card Type:

Visa MasterCard American Express

Credit Card Number: _____

Exp: ____/____ CSV: _____

Cardholder Phone Number:

Amount to be charged: \$ _____

Cardholder Signature:

- Please submit one form for each reservation
- Please attach picture ID of the cardholder
- Please provide imprint/copy of both sides of the Credit Card
- Credit Card must be signed

Please send the completed form to Rajni Rikh, General Manager, at rajni.rikh@applecorehotels.com, or send via fax to (212) 764-7481.