



Credit Card Authorization Form

I, _____

authorize The Hotel @ Fifth Avenue 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 thafavegm@applecorehotels.com, or send via fax to (212) 736-0034