



Credit Card Authorization Form

_____,

authorize The Hotel @ Times Square
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 Michael Boyle,
General Manager, at michael.boyle@applecorehotels.com,
or send via fax to (212) 768-3477.