



Credit Card Authorization

This form authorizes DoubleTree Jacksonville - Riverfront permission to charge the indicated charges to the credit or debit card information completed in this form. All information must be complete.

Group Information

Group/Event Name: _____

Paying Company/Organization/ Individual Name: _____

Person Completing this Form: _____

Group Arrival/Event Date: _____ Group Departure Date: _____

Authorized Charges

- | | |
|--|---|
| <input type="checkbox"/> ALL Charges | <input type="checkbox"/> Accommodation Charges (room/tax) |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Self-Parking |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Valet Parking |
| <input type="checkbox"/> Group Meeting/Catering Events | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Other: _____ | |

Credit Card Information

Account Type Visa MasterCard American Express Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone _____

E-mail _____

A legible copy of the front & back of the above credit card must be attached to this form.

Return to:

E-mail: chammock@doubletreejax.com or Fax: 904.396.8844

ATTENTION: Cara Hammock

SIGNATURE _____ DATE _____

I authorize DoubleTree Jacksonville Riverfront to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.