



CREDIT CARD AUTHORIZATION FORM

I, _____, give _____ permission to use my credit card as listed below for his or her expenses at the below hotel(s).

_____ Hilton Columbia Center located at 924 Senate St Columbia, SC

_____ Hampton Inn Historic District located at 822 Gervais St Columbia SC

Date(s) of Stay: _____ (authorization good for these dates only)

Meeting Room Date (s) _____ (authorization good for these dates only)

Charges Authorized: (check all those that apply)

Room and Tax Only	_____	Telephone	_____
Meeting Room	_____	Set-Up Fees	_____
Food & Beverage	_____	Guarantee Only	_____
Self Parking	_____	All Charges	_____
Valet Parking	_____	Other: _____	_____

Authorized Card Type: (circle one)

American Express MasterCard Visa Discover Diners Club

Card Number: _____

Expiration Date: ____/____

Bank or issuing authority: _____

Bank Service Number: _____

Cardholder contact information:

Telephone number: _____

Email address: _____

I agree to pay all charges listed above on the specific credit card. I also agree to pay any delinquent charges not authorized above should my guest fail to do so. I understand that if my credit card should fail to be authorized and I cannot be contacted that any charges incurred will be the responsibility of the in-house guest.

Signature of Card Holder _____

Date _____

Please include a legible copy front & back of credit card along with a copy of card holder's photo identification.

924 Senate Street
Columbia, SC 29201
Phone: (803) 744-7800
Fax: (803) 744-7777

822 Gervias Street
Columbia, SC 2920
Phone: (803) 231-2000
Fax: (803) 231-2868