



**The Waterfront Beach Resort, a Hilton Hotel**  
**Credit Card Payment Authorization Form**

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.  
Do not send completed form by email.*

**FAX COMPLETED FORM TO:** 714-845-8425

**ATTN:** \_\_\_\_\_

**CARDHOLDER - Please complete the following section and sign/date below**

Guest / Group Name: \_\_\_\_\_

Check-In / Event Date: \_\_\_\_\_

Cardholder Name as it Appears on the Credit Card: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Credit Card Type: (Circle One)      Visa      MasterCard      American Express      Discover

Credit Card Issuing Bank Name: \_\_\_\_\_

Bank Phone Number: (Printed on Back of Card) \_\_\_\_\_

**I agree to cover the following categories of charges to my credit card: (Circle All that Apply)**

All Charges      Room & Tax      Resort Charge      Incidentals      Other: \_\_\_\_\_

Banquet / Catering / Audio Visual      Valet Parking      Deposit      Late Cancellation / No Shows / Attrition Fees / Cancellation Fee

**DIRECT BILL ACCOUNT PAYMENTS ONLY: (For Direct Billing Customers Paying by Credit Card)**

Name on Invoice/Statement: \_\_\_\_\_ Date on Invoice/Statement: \_\_\_\_\_

Address on Invoice/Statement: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Invoice/Statement Number: \_\_\_\_\_ Authorized Amount: \$ \_\_\_\_\_

**Note:** Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

By signing below, you authorize the hotel to charge your credit card immediately for the authorized categories indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less deposits) will be charged to the above credit card number at the time of check-out or event conclusion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOTEL USE ONLY**

Authorized Amount: \$	Approval Code:	Date:
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