## **CREDIT CARD AUTHORIZATION FORM**

Hotel:			
Individual/Business/Group or Event Name:			
Reservation Confirmation N	umber:		
Arrival or Event Date(s):			
Credit Card Billing Address:			
City / State / Zip / Country / F	legion:		
Contact Phone Number:	Contact E	mail Address:	
* A valid telephone number and email are required as we will need to contact you to confirm receipt. If we are unable to do so, your reservation will be subject to cancellation.			
I hereby authorize the following charges to be applied to the following credit card. Check all that apply:			
Room & All Applica	able Taxes	Gift Certificate	All Stay Charges
Food & Beverage	Only Specific Incidentals	All Banquet Charges	Guest Amenity
All Incidentals	Resort Services Fee	Parking	Other - see comments
*In Australia: An additional service fee will apply to the total stay account when paying by AMEX, Diners and all other credit cards upon departure (excluding Park Hyatt Sydney). Refer to the hotel's website for more details.			
Comments:			
* The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.  * Room and tax on individual bookings will be charged 72 hours in advance.			
Credit Card Number:		Name on Card:	
Expiration Date:		Cardholder Phone #:	
Signature of Card Holder: Current Date:			
* Hotel reserves the right to refuse a credit card authorization as a valid method of payment for same day bookings or authorization forms received on day of arrival.			
By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at privacy.hyatt.com			
Please fax this completed form to:			
Hotel Fax #:			
For a list of all hotels and their contact information, please visit: https://www.hyatt.com/hyatt/site-map.jsp			

All information is kept confidential and used only for the purposes as noted above.



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