Hilton
COLUMBUS / POLARIS

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all of the requested information to ensure prompt processing of your application. We ask that you please sign and date the form prior to submission, and **provide a front and back copy of your credit card and driver's license** to ensure cardholder participation.

Please **fax the completed form** to the Hilton Columbus/Polaris. **Attn: Christy Collins**, Accounting dept fax.: **614-310-0534** or email: ccollins@hiltonpolaris.com**.** Thank you.

CARDHOLDER INFORMATION

NAME AS IT APPEARS ON THE CREDIT CARD: _____

CARD TYPE (Circle One): MASTERCARD VISA DISCOVER AMERICAN EXPRESS DINERS CLUB JCB

ACCOUNT# _____ EXPIRATION DATE: _____

ACCOUNT TYPE (Circle One): INDIVIDUAL (PERSONAL CREDIT CARD)
CORPORATE - COMPANY NAME:_____

ADDRESS WHERE STATEMENT IS MAILED: _____

CITY/STATE/ZIP_____

PHONE: _____ FAX/OTHER: _____

GUEST INFORMATION/BANQUET INFORMATION

GUEST NAME /EVENT CONTACT NAME:_____

COMPANY NAME/NAME OF EVENT: _____

CONFIRMATION NUMBER (FOR RESERVATIONS): _____

ARRIVAL DATE / EVENT DATE: _____ DEPARTURE DATE: _____

RELATION TO CARDHOLDER (Circle One): RELATIVE FRIEND BUSINESS ASSOCIATE OTHER:_____

RATE INFORMATION AND APPROVED CHARGES

ROOM RATE: $_____ TAX*: 12.60% (State 7.50%, Local 5.1%) $_____ TOTAL DAILY RATE: $ _____

NUMBER OF NIGHTS: _____ (*Please note if your organization is claiming tax exempt status, proper state and /or local forms must be completed and submitted with this form)

Circle all that apply: ALL CHARGES ROOM AND TAX TELEPHONE (LD / LOCAL) RESTAURANT ROOM SERVICE BAR VALET LAUNDRY MOVIES AMENITY (SEE AMENITY SHEET FOR ORDERING INSTRUCTIONS)

BANQUET CHARGES AUDIO VISUAL OTHER_____ _____

I certify that all information is complete and accurate. I hereby authorize the Hilton Columbus/Polaris to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Incomplete forms will not be processed; it is your responsibility to confirm that this authorization has been received. Charges not to exceed $_____ for the entire stay/event. Preauthorization of the estimated amount will take place 72 hours prior to the stay/event. Amount to be charged immediately after the conclusion of the stay/event is $_____. I understand that a new form will have to be completed if guest wishes to extend his/her stay, if you wish to make any other changes to this authorization and if preauthorization is declined. I certify that I am an authorized signer of the credit card listed above.

CARDHOLDER NAME: (Please print) _____

CARDHOLDER SIGNATURE: _____ DATE: _____

Please email a copy of the final folio to: _____

8700 Lyra Drive, Columbus, OH 43240
Phone: 614-885-1600
Fax: 614-885-1605 or 614-310-0534