



Credit Card Payment Authorization Form

Please complete all the 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.

EMAIL COMPLETED FORM TO : WELCOME@INFINITYHOTELSF.COM

ATTN: _____

HOTEL USE ONLY:

Guest / Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

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

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number:		Expiration Date:
Credit Card Type: (Check one)		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club		
Credit Card Issuing Bank Name: _____ Bank Security Number (CVV from back of your credit card): _____		
I agree to cover the following categories of charges: (Please check)		
<input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax		
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		

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 checkout.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of checkout or event conclusion.

Cardholder Signature: _____

Date: _____

PLEASE EMAIL THIS AUTHORIZATION FORM ALONG WITH A LEGIBLE COPY OF BOTH SIDES OF THE CREDIT CARD AND A LEGIBLE GOVERNMENT ISSUED PICTURE ID MUST BE SUBMITTED WITH THIS FOR THE AUTHORIZATION TO BE PROCESSED.