

CREDIT CARD AUTHORIZATION FORM

Crowne Plaza Chicago West Loop 733 West Madison Street Chicago, IL 60661

In order for Crowne Plaza Chicago West Loop to accept a credit card as a method of payment when the card will not be present, the following information must be completed in full and signed by the cardholder.

Guest Name:			
Confirmation Number:			
Company Name:			
Arrival Date:		Departure Date:	
I hereby give (check all tha	authorization to The Crowr t apply):	ne Plaza Chica	ago West Loop to bill
	Room & Tax for the Above Individual or Company		
	Parking		Food & Beverage
	Other Incidentals (Please Specify):		
	All Charges by the Above Individual or Company		
	Meeting and Catering Charges for the Above Company Meeting/Group Deposit Amount to be Charged to Card \$		
	Guarantee Only for Above Group		
[T
Credit Card #:			Exp Date:
Name of Card Holder:			
Signature of Card Holder:			
Contact Name:			
Contact Email/Phone Number:			
Receipt Requested (please circle): YES NO			NO
-			

Please return this form only after completing all of the above spaces to the fax number below.

Thank you for choosing the Crowne Plaza West Loop!

FAX NUMBER: 312-602-2199 MAIN PHONE NUMBER: 312-829-5000