



CREDIT CARD AUTHORIZATION FORM

I, _____, being the registered cardholder of the following credit card, do hereby authorize the following person(s) to incur charges on my account at the Hilton Cocoa Beach Oceanfront.

Name of Individual(s): _____

Confirmation #(s): _____

I agree to be held responsible for the following charges:

_____ Room & Tax only _____ Catering Services (1) _____ Audio Visual

_____ Incidentals Only _____ Meeting Rooms _____ All Charges

_____ Other Please explain: _____

My account information is as follows:

Name on Account: _____

Account Number: _____

Expiration Date: _____

Billing Address: _____

Phone Number: _____

Signature: _____

Printed Name: _____

Date: _____

Be sure to include a clear photocopy of front and back of the credit card.

(1) Three (3) days prior to event, your credit card will be authorized for the contract amount.

Return credit card authorization form via fax to: 321-406-0672.