## **CREDIT CARD AUTHORIZATION FORM**

Hotel:	otel: Hyatt House Virginia Beach/Oceanfront			
Individual/Business/Group Reservation Confirmation				
Arrival or Event Date(s):				
Credit Card Billing Address	s:			
City / State / Zip / Country:				
Contact Phone Number:	Con	tact Email Address:		
I hereby authorize the following charges to be applied to the following credit card. Check all that apply:				
Room & Tax	☐ City Tax	☐ Gift Certificate	☐ All Stay Charges	
☐ Food & Beverage	Only Specific Incide	entals 🔲 All Banquet Charç	ges   Guest Amenity	
All Incidentals	Resort Services Fee	e 🔲 *Parking	Other - see comments	
I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):				
Comments:				
The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.				
Credit Card Number:		Name on Card:		
Expiration Date:		Cardholder Phone #:		
Signature of Card Holder:			Current Date	
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 transmit this form at least 72 hours prior to your planned arrival to ensure your request is processed. Hotel does not accept credit card authorization requests for same day arrivals.

For a list of all hotels and their contact information, please visit: <a href="http://www.hyatt.com/hyatt/site-map.jsp">http://www.hyatt.com/hyatt/site-map.jsp</a> All information is kept confidential and used only for the purposes as noted above.















