

**Remington Hotels/ dba  
Hilton Parsippany**

**CREDIT CARD BILLING AUTHORIZATION**

**HOTEL NAME: HILTON PARSIPPANY HOTEL ACCOUNTING PHONE #: 973-455-7920**  
**HOTEL ADDRESS: ONE HILTON COURT PARSIPPANY NJ 07054 HOTEL ACCTG FAX #: 973-267-5780**

**CARDHOLDER NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**CARDHOLDER ADDRESS:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF CREDIT CARD (circle one)**

**AMERICAN EXPRESS**

**JCB**

**DISCOVER CARD**

**MASTERCARD**

**VISA**

**CARD NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**TERMS AND CONDITIONS**

The Cardholder agrees by their signature below that all charges incurred by the Cardholder at the above named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides alternated form of payment prior to departure from the Hotel. Cardholder understands that the Hotel will obtain prior approval from the credit card company for the estimated amount of the Cardholder's charges. Cardholder further understands that this Authorization is subject to approval by the Hotel's Controller and/or General Manager. If, for any reason, this authorization is not approved by the aforementioned Hotel representative, the Cardholder agrees to provide the Hotel with an Advance Deposit for the full amount of the estimated charges as determined by the Hotel. Such Advance Deposit will be made in one of the acceptable methods prescribed by the Hotel.

**CARDHOLDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Photocopy of Credit Card (front and back)**

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**FOR HOTEL USE ONLY**

**GUEST/GROUP NAME:** \_\_\_\_\_ **EST. AMOUNT:** \_\_\_\_\_  
**ARRIVAL/FUNCTION DATE:** \_\_\_\_\_ **AUTH. DATE:** \_\_\_\_\_  
**DEPARTURE DATE:** \_\_\_\_\_ **AUTH. AMT.:** \_\_\_\_\_  
**RESERVATION/BOOKING #:** \_\_\_\_\_ **APPROVAL #:** \_\_\_\_\_

**HOTEL APPROVAL:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(signature)