



Sheraton Atlanta HOTEL

165 Courtland Street
Atlanta, GA 30303

Phone: (404) 659-6500 Fax: (404) 681-5306

CREDIT CARD AUTHORIZATION FORM

I _____ (card holder's name)

of _____ (organization) authorize the

Sheraton Atlanta Hotel to apply charge to the account below for

_____ (event/function name) to be held on

_____ (date). I understand that these charges

may occur before the arrival or event date for any application transactions.

(Choose One)

MasterCard ___ VISA ___ Discover ___ American Express ___ Diners Club _____

Estimated Amount: \$ _____

Account #: _____

Card ID# (3 digit number) _____

Expiration Date: _____

Sheraton Atlanta Hotel

Card Holder's Name (please print)

Date

Authorized Signature

****Please provide back & front copy of credit card & driver's license ****