



# **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 \*\***

*Revised: 01/12/06*