# *Queen Anne Hotel*
# Credit Card Authorization Form

I, _____ hereby authorize Queen Anne Hotel to charge my Credit Card No._____Expires (MM/YY) _____ CVN _____ for the following charges ONLY:

_____*Room & Tax _____*Meeting or Function Space
_____*Phone Calls _____*Audio-Visual Rental
_____*Parking & Pkg Tax _____*Group Beverage/Snack Set-up
_____*Other:_____
_____*All Charges Incurred

Guest(s) name I am accepting charges for:_____

Arrival Date:_____Departure Date:_____Folio #:_____

A copy of the account will be sent to me by the Hotel following check out.

My mailing address for such copy is:

_____
_____
_____
_____

Name On Card: (please imprint)_____

Cardholder Signature:_____

Date:_____ Phone:_____ Fax:_____

Include Photocopy of Credit Card and Photo ID with return fax.
Fax No. 415-775-5212

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