



Credit Card Authorization Form

Sheraton Albuquerque Uptown

2600 LOUISIANA BLVD. - ALBUQUERQUE, NM 87110

PHONE: (505) 881-0000 FAX: (505) 349-8010

By signing this form, I authorize the Sheraton Uptown to charge my credit card according to the details below. I guarantee full payment for the account as described below.

1. Guest Information

Guest Name: _____

Confirmation Number: _____

Dates of Arrival & Departure: _____

Billing to Include: Room & Tax Room, Tax & Incidentals Internet
 Food & Beverage Internet All Charges
 Other _____ Deposit _____
(Please Specify)

2. Card Holder Information

Credit Card Type: AMEX VISA MC DC DISCOVER

Credit Card Number: _____ Expiration Date: _____

Name of Card Holder: _____ CVV: _____
(As Shown on Credit Card) (Three or four digit CVV or CVC)

**** Please exclude the last four digits of the credit card number on this form. A hotel representative will contact you within three business days to confirm the last four digits ****

Signature of Card Holder: _____

Billing Address- Street: _____

(***Must match credit card billing address***)

City: _____ State: _____ Zip Code: _____

Confirm Last Four Digits:

Contact Name: _____ Contact by Phone: _____

Contact by Email: _____

3. Billing Request

E-mail Bill To: _____