Hotel Deca
4507 Brooklyn Ave NE
Seattle, WA 98105

Telephone: 206-634-2000
FAX: 206-547-6029

Credit Card Authorization Form

Organization Name: _____

Street Address (No P.O. Boxes accepted): _____

City: _____ State: _____ ZIP: _____ Phone: _____

Contact: _____ Title: _____ Fax: ( ) -

Washington State Tax Exempt: (If yes, please attach certificate)
YES NO

Event Date: _____ **Estimated Amt**: _____

METHOD OF PAYMENT FOR:

Guest/Group Name:

Arrival Date: **Departure Date:**

Please mark charges to be billed to your credit card:
Room & Tax: _____ Phone Calls: _____ All Charges:_____ Guarantee Rooms:_____

CREDIT CARD INFORMATION:

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

PLEASE PRINT NAME AS APPEARS ON CREDIT CARD

Cardholder's Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: ( ) -

Cardholder's Signature: _____

****PLEASE ATTACH A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD**

.

For Hotel Use Only:

Account Number: _____

Room/Tax: _____ A/V: _____

Food/Bev: _____ Miscellaneous: _____

Hotel Contact: _____ Date: _____

Amount Approved: _____ Pre-payment Amount: _____

Approved By: _____ Account #: _____

Date: _____ Account #: _____