

# Hilton

CLEARWATER BEACH  
RESORT & SPA

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize the **Hilton Clearwater Beach Resort & Spa** located in **Clearwater Beach, Florida** to charge my credit card account for payment of the following:

_____ All charges	_____ Long Distance Phone Calls
_____ Room & Tax*	_____ Resort Fee
_____ Incidental Charges	_____ Food
_____ Others (please specify below)	_____ Beverage

**\*Tax Exempt Organizations Required Documents:** Non-expired Florida Tax Exempt Certificate, Copy of method of payment ( Credit Card, Check) that clearly displays name of the organization

Name on Reservation: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

Name on Reservation: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

Name on Reservation: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

\*\*\*\*\*  
**\*\*\*A LEGIBLE COPY OF THE CREDIT CARD (BOTH FRONT AND BACK) AND CARD HOLDER'S PHOTO ID MUST BE INCLUDED WITH THIS FORM\*\*\***  
\*\*\*\*\*

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please fax completed form to: (727) 442-9908**  
**Do not send completed form by email**

HILTON CLEARWATER BEACH RESORT & SPA  
400 MANDALAY AVE. CLEARWATER BEACH, FLORIDA 33767  
P: 727-461-3222