



EMBASSY SUITES HOTEL CHICAGO-DOWNTOWN
600 North State Street, Chicago, IL 60610
Phone: 312-943-3800 Fax: 312-932-1000

Credit Card Authorization

ATTENTION: Tony Andrade

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's Phone #: Home: _____

Office: _____

Type of Card: ___ Visa ___ MC ___ Amex ___ Discover

Card Holder's CC #: _____

Expiration Date: _____

Group/Guest Name: _____

Group Arrival Date: _____

Group Departure Date: _____

Billing Procedures to Credit Card (circle one)

1. Guarantee Room Block only. _____
2. Room & Tax 3. All Charges 4. Other _____

I understand that this transaction is non-reversible. i.e., I authorize and acknowledge that all of the aforementioned charges will processed to my credit card in the form of an advanced deposit for the person(s) and item(s) designated above.

Card Holder's Signature: _____

Note: Please attach a copy of a driver's license and both the front and back of the credit card. The signature on the back, the CC # & the expiration date need to be visible!