



EMBASSY SUITES
HOTELS®

Group Credit/Debit Card Authorization

Hotel Name: Embassy Suites Orlando Downtown

Address: 191 East Pine Street

City, State, Zip: Orlando, FL 32801

Fax Number: 407-835-6856

PLEASE PRINT

Group Name:	Date(s) of Event:
Contact Name:	Contact Phone #:
Contact Title:	Contact Email:

Please Circle Which Applies		Estimate Of Guaranteed Charges	
All Charges (Room, Tax, Incidentals)	Room & Tax ONLY	Guest Rooms \$ _____	Overnight Parking \$ _____
Guarantee Rooms ONLY	Valet Parking (Overnight)	Guest Incidentals \$ _____	Room Rental \$ _____
Banquet Food & Beverage	Valet Parking (Day ONLY)	Banquet Food & Beverage \$ _____	Audio Visual \$ _____
Audio Visual	Room Rental	Day Parking \$ _____	TOTAL \$ _____
Guest Room Deposit	Meeting Room Deposit	Guest Room Deposit \$ _____	Meeting Room Deposit \$ _____

I hereby authorize Embassy Suites Orlando Downtown to charge by personal/corporate credit card for expenses incurred as noted above. Your Credit Card Will Be Authorized 3 Business Days Prior To Your Event.

Signature of Cardholder _____ Date _____

Cardholder Name _____

Credit Card Number _____

Credit Card Type _____

Debit Card PLEASE CIRCLE YES NO

Expiration Date _____ CVV Code _____

Credit Card Billing Address _____

If you would like to have a copy of the final paid bill sent to you, please fill out the following:

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____

PCI COMPLIANCE MANDATES THAT FORM MUST BE FAXED - DO NOT EMAIL

Form must be received by the Hotel at least three (3) days prior to check-in or function date.

Hotel Use Only

Posted Date _____

Approval Code _____

Amount _____

Posted by _____