



Credit Card Authorization

I _____ hereby authorize the DoubleTree by Hilton Leominster to charge my credit card as a form of payment. I have marked the charges to be billed to my credit card.

Type of Credit Card _____ Card # _____ Exp Date ___/___/___

Cardholder Signature _____

Guest (s) Name _____ Daytime Phone# _____

Date of Arrival ___/___/___ Date of Departure ___/___/___

Please bill my credit card for the following charges:

Room and Tax _____

Phone Calls _____

Business Services (faxes, copies, etc.) _____

In Room Movies _____

Restaurant/Room Service _____

Function Room Rental _____

Function Food & Beverage _____

Function Name: _____

Date of Function _____

Thank you for your business.

DoubleTree by Hilton Leominster
99 Erdman Way, Leominster, MA 01453
Telephone: (978)534-9000 Fax: (978)466-3400