



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **Nana Sarpong** at 202.626.1357.

**Cardholder Information - Required**

Name as it appears on the credit/debit card: \_\_\_\_\_

Card type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account type:  Personal  Corporate | Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(where statement is mailed)

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Guest Information - Required**

Guest name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Confirmation number: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Relation to cardholder:  Relative  Friend  Business Associate  Other: \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) \_\_\_\_\_

Guest signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rate Information and Approved Charges - Required**

Room rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_ Total daily rate:\* \_\_\_\_\_ Number of nights: \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges  Room & Tax  Telephone (LD)  Telephone (Local)  Restaurant

Room Service  Valet (Laundry)  Parking  HS Internet Access  Movies

Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **JW Marriott Hotel Washington DC** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_