

Please return this completed form to
The attention of Restaurant Manager
At **(212)-315-6187**



Times Square Manhattan

CREDIT CARD AUTHORIZATION FORM

I, _____ HEREBY AUTHORIZE CROWNE PLAZA TIMES SQUARE MANHATTAN TO CHARGE MY CREDIT CARD FOR THE FOLLOWING CHARGES: (Please select below)

ALL CHARGES: _____ ROOM & TAX: _____ INCIDENTALS: _____ BANQUET: _____ FOOD & BEVERAGES _____

OTHER CHARGES (PLEASE SPECIFY): _____

NAME OF PERSON OR COMPANY PAYING FOR: _____

DATE OF EVENT / RESERVATION: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD 3 DIGIT SECURITY CODE: _____ (Exp. Date)

NAME AS IT APPEARS ON THE CREDIT CARD: _____

(Authorized Signature)

(Date)

Billing Address of Card Holder: _____

City: _____

State: _____ Zip Code: _____

**(A LIGHT PHOTOCOPY OF THE FRONT AND BACK OF A
GOVERNMENT ISSUE I.D. MATCHING CARD HOLDER IS
REQUIRED)**

(This form is subject to its authenticity)

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Crowne Plaza Times Square Manhattan

Attention: Credit Department

1605 Broadway New York, N.Y. 10019 / Tel. 212.315.6000 – Fax 212.333.7393