



**CREDIT CARD AUTHORIZATION RELEASE FORM**

North Austin Plaza Hotel  
6911 IH 35 North • Austin, TX. 78752  
Toll Free: 800.306.4629 • Phone: 512.617.4900 • Fax: 512.459.9274

Contact : \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

I, (Name on Credit Card) \_\_\_\_\_, hereby authorize \_\_\_\_\_  
\_\_\_\_\_ And \_\_\_\_\_ to charge the following: (check all that apply)

All Charges  Room and Tax  Facsimile and copier charges

Other Charges (please Specify) \_\_\_\_\_

To my credit Card:      VISA                      MASTERCARD AMERICAN EXPRESS  
                                 JCB CARD              DISCOVER                      DINERS/CARTE BLANC

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

During the period from: \_\_\_\_\_ to: \_\_\_\_\_

**PLEASE SEND A LEGIBLE COPY OF THE CREDIT CARD) FRONT AND BACK) AND A COPY OF DRIVER LICENSE FROM THE CARDHOLDER.**

**I AGREE TO BE SOLEY RESPONSIBLE FOR ALL CHARGES MADE BY THE ABOVE NAMED INDIVIDUALS WHILE STAYING AT THE NORTH AUSTIN PLAZA HOTEL**

Card Holder  
SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

North Austin Plaza: GM: \_\_\_\_\_ Date: \_\_\_\_\_

Area Manager: \_\_\_\_\_ Date: \_\_\_\_\_

North Austin Plaza Hotel use ONLY  
Estimated Amount of Total Charges: \$ \_\_\_\_\_ Authorized \_\_\_\_\_ Charged \_\_\_\_\_

Transaction Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_ by: \_\_\_\_\_

Attach copy of transaction slip