



Credit Card Authorization Form

*****FOR 2021 INAUGURATION ONLY*****

PLEASE PHOTOCOPY THE FRONT AND BACK OF YOUR CREDIT CARD AND

FAX (202-347-3924/OFFICE FAX) or

EMAIL (reservations@hotel-harrington.com) TO US ALONG WITH THIS FORM.

GUEST'S NAME: _____

CONFIRMATION NUMBER: _____

CHECK-IN DATE: _____

CHECK-OUT DATE: _____

CARDHOLDER'S INFORMATION:

NAME: _____

CREDIT CARD NUMBER: _____ **AND CVV** _____

CREDIT CARD EXPIRATION DATE: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: _____ **OFFICE NUMBER:** _____

FAX NUMBER: _____ **EMAIL:** _____

******The above cardholder authorizes Hotel Harrington to bill the card for room and tax for the ENTIRE INAUGURAL STAY.**

The payment is **NON-REFUNDABLE and must be paid by December 18, 2020.**